



No. W 53489 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017 1. Mailing Address: Correct in this box if needed. NEW VISTA, LLC HOLLY A CARLING <i>JOEL G CARLING</i> 213 W APPLEWAY STE 10 <i>707 N. 4TH ST</i> COEUR D ALENE ID 83814	2. Registered Agent and Office (NOT A P.O. BOX) HOLLY A CARLING 213 W APPLEWAY STE 10 COEUR D ALENE ID 83814 <i>JOEL G. CARLING</i> <i>707 N 4TH ST</i> <i>COEUR D ALENE ID 83814</i> 3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>JOEL G CARLING</i></td> <td><i>707 N. 4TH ST</i></td> <td><i>COEUR D ALENE</i></td> <td><i>ID</i></td> <td><i>US</i></td> <td><i>83814</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>JOEL G CARLING</i>	<i>707 N. 4TH ST</i>	<i>COEUR D ALENE</i>	<i>ID</i>	<i>US</i>	<i>83814</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>JOEL G CARLING</i>	<i>707 N. 4TH ST</i>	<i>COEUR D ALENE</i>	<i>ID</i>	<i>US</i>	<i>83814</i>																															
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
5. Organized Under the Laws of: IDAHO W 53489	6. Signature:  Name (type or print): <i>JOEL G CARLING</i> Date: <i>1/23/18</i> Title: <i>MGR</i>																																				

Issued 01/23/2018 by online

FILED