

No. W 154891	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016		2. Registered Agent and Office (NOT A P.O. BOX)				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. HARWOOD HEALING LLC. KRISTIN HARWOOD 5223 W FAIRMONT ST 2703 N. Alamo BOISE ID 83706 Boise ID 83704		KRISTIN HARWOOD 5223 W FAIRMONT ST BOISE ID 83706 2703 N. Alamo Rd. Boise ID. 83704				
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kristin Harwood	2703 N. Alamo	Boise	ID	USA	83704
	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:		6.					
IDAHO W 154891		Signature:			Date:		
		Name (type or print):			Title:		
		<u>Kristin Harwood</u>			<u>2/20/17'</u>		
		<u>Kristin Harwood</u>			<u>Owner</u>		

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM