

No. W 68143	Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) S&S LEGAL DOCUMENTS, LLC 3006 GOLDSTONE DR STE 101 MERIDIAN ID 83642 USA																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. LUMINOUS RIVER WELLNESS, LLC S&S LEGAL DOCUMENTS LLC 3006 E GOLDSTONE DR STE 101 MERIDIAN ID 83642		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></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Gail P. Bradbury</td> <td>2540 E. Franklin Rd</td> <td>Meridian</td> <td>Idaho</td> <td></td> <td>83642</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"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>	Gail P. Bradbury	2540 E. Franklin Rd	Meridian	Idaho		83642	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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