Fax: (800) 375-2790

W 99151

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Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015  **EXETARY OF STATE SON ATTEMENT FEE OBX 83720-0080  DISE, ID 83720-0080  Limited Liability Companies: Enter Names and Addresses of Man fanager   Member   Manne Street or PO Addresse Changer   Member   Member    **Innager   Member   Member   Member    **Organized Under the Laws of:   Signature:    **Organized Under the Laws of:   Signature:    **DAHO   W 99151   Namid (hype or print):      **Namid (hype or print):      **Reinstatement Annual Report Form    **ADMIN DISSOLVED 03/30/2015  **Innager Correct in this box if needed.    **MIDLAND MANOR, LLC    **DEMINDER BELVILLE    **PRINTING BELVILLE    *	Duner	Lisa	
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No. A	State Country Postal Code	Name Street or PO Address City	Manager or Member
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RY OF STATE  1. Mailing Address: Correct in this box if needed.		JENNIFER BELVILLE	PO BOX 83720
/ 99151 Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015	7100 S VALLEY HEIGHTS DR BOISE ID 83709	1. Mailing Address: Correct in this box if needed.	SECRETARY OF STATE
Reinstatement Annual Report Form	LISA MOORE	ADMIN DISSULVED 03/30/2015	Return to:
	2. Registered Agent and Office (NOT A P.O. BOX)	Reinstatement Annual Report Form	No. W 99151

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be aftered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, not a **Post Office Box or Personal Mail Box.** 

Block 3: Only a <u>new</u> registered agent must sign in Block 3.

company. Note: <u>DO NOT</u> put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment. Block 4: Check either Member or Manager. Enter names and business addresses of managers or members of the limited liability