


No. <b>W 89621</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/09/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KELLI E FOX 320 PONDEROSA AVE EAST FAIRFIELD ID 83327
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> A LITTLE FLOWER COMPANY, L.L.C. KELLI E FOX <del>419 SOLDIER RD.</del> P.O. BOX 202 FAIRFIELD ID 83327 USA		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"/> <i>Kelli E Fox</i> <i>P.O. Box 202</i> <i>Fairfield ID</i> <i>USA</i> <i>83327-0202</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:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO              W 89621           </div>		6. Signature:  <hr/> Name (type or print): <i>Kelli Fox</i> <hr/> <div style="display: flex; justify-content: space-between;"> <div>           Date: <i>5/16/12</i>  <hr/>           Title: <i>owner</i>  <hr/> </div> </div>	
Issued 04/24/2012 by SLD			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM