

No. W 61044	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) ECHO LUNDEBERG 601 BRYDEN AVE LEWISTON ID 83501																																			
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. KADEN LLC ECHO LUNDEBERG 601 BRYDEN AVE LEWISTON ID 83501 USA		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 25%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>Sierra Velez</td> <td>601 Bryden Ave</td> <td>Lewiston,</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Sierra Velez	601 Bryden Ave	Lewiston,	ID	USA	83501	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 61044		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: ECHO LUNDEBERG </td> <td style="width: 30%;"> Date: 6/24 </td> </tr> <tr> <td> Name (type or print): ECHO LUNDEBERG </td> <td> Title: Owner <i>HL</i> </td> </tr> </table>		Signature: ECHO LUNDEBERG	Date: 6/24	Name (type or print): ECHO LUNDEBERG	Title: Owner <i>HL</i>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM