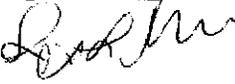


| No. W 172241 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017 1. Mailing Address: Correct in this box if needed. ABIGAIL'S KITCHEN, LLC LISA L BAILEY 2267 ORCHARD RD <i>PO BOX 436</i> COUNCIL ID 83612 | 2. Registered Agent and Office (NOT A P.O. BOX) LISA L BAILEY 2267 ORCHARD RD COUNCIL ID 83612 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------------------|-------|----------------------|-------------|-------|---------|-------------|---|---------------|-----------------|---------|----|-----|-------|---|------------------|-----------------|---------|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions. <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:20%;">Name</th> <th style="width:25%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:5%;">State</th> <th style="width:10%;">Country</th> <th style="width:15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LISA L BAILEY</td> <td>2267 ORCHARD RD</td> <td>COUNCIL</td> <td>ID</td> <td>USA</td> <td>83612</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>RONALD H. BAILEY</td> <td>2267 ORCHARD RD</td> <td>COUNCIL</td> <td>ID</td> <td>USA</td> <td>83612</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 type="checkbox"/> Member <input checked="" type="checkbox"/> | LISA L BAILEY | 2267 ORCHARD RD | COUNCIL | ID | USA | 83612 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | RONALD H. BAILEY | 2267 ORCHARD RD | COUNCIL | ID | USA | 83612 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | LISA L BAILEY | 2267 ORCHARD RD | COUNCIL | ID | USA | 83612 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | RONALD H. BAILEY | 2267 ORCHARD RD | COUNCIL | ID | USA | 83612 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 1.2em;"> IDAHO W 172241 </div> | 6. Signature:  Date: <u>1/11/18</u> <hr/> Name (type or print): <u>LISA L. BAILEY</u> Title: <u>OWNER</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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