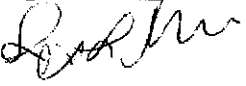


No. W 172241 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017 1. Mailing Address: Correct in this box if needed. ABIGAIL'S KITCHEN, LLC LISA L BAILEY 2267 ORCHARD RD <i>PO BOX 436</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.						
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	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> <hr/> Title: <u>OWNER</u>				

Issued 01/10/2018 by online

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