


No. W 135789 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 06/28/2017 1. Mailing Address: Correct in this box if needed. NOMADIC SPIRITUAL HEALINGS LLC C/O KATHLEEN ROMA CPA 776 E RIVERSIDE DR STE 240 EAGLE ID 83616	2. Registered Agent and Office (NOT A P.O. BOX) KATHLEEN F ROMA CPA PLLC 776 E RIVERSIDE DR STE 240 EAGLE ID 83616 3. <u>New</u> Registered Agent Signature.
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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"/>	Crysta Lyon	6843 Barkwood Drive	Jacksonville	FL	USA	32277
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;"> IDAHO W 135789 </div>	6. Signature:  <hr/> Name (type or print): Crysta Lyon <div style="text-align: right;"> Date: 07/31/2017 Title: Manager </div>
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Issued 07/31/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM