

No. W 136201	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		2. Registered Agent and Office (NOT A P.O. BOX) JESSICA KESSINGER <i>Wight</i> 819 E COTTAGE AVE NAMPA ID 83686				
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. CHARLIANA, LLC JESSICA LYNN KESSINGER 220 14TH AVENUE SOUTH NAMPA ID 83651 <i>1403 12th Avenue South</i> <i>Nampa ID 83651</i>		3. <u>New</u> Registered Agent Signature. <i>Jessica Wight</i>				
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>Jessica Wight</i> <i>819 E Cottage Ave</i> <i>Nampa ID</i> <i>Canyon</i> <i>83686</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 136201 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> Signature: <i>Jessica Wight</i> </td> <td style="width: 50%;"> Date: <i>12/30/2016</i> </td> </tr> <tr> <td> Name (type or print): <i>Jessica Wight</i> </td> <td> Title: <i>12/30/2016</i> </td> </tr> </table>		Signature: <i>Jessica Wight</i>	Date: <i>12/30/2016</i>	Name (type or print): <i>Jessica Wight</i>	Title: <i>12/30/2016</i>
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