

W 180254

7/24/18, 9:47 AM

No. W 180254		Reinstatement Annual Report Form ADMIN DISSOLVED 06/29/2018		2. Registered Agent and Office (NOT A P.O. BOX)								
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ROCKY MOUNTAIN LEGACY GROUP, LLC THOMAS MOORE 2551 E SUMMIT DR COEUR D'ALENE ID 83815		LYONS O'DOWD LLC 201 N 3RD ST COEUR D'ALENE ID 83814								
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature.								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.												
<table border="0"> <tr> <td>Manager or Member</td> <td>Name</td> <td>Street or PO Address</td> <td>City</td> <td>State</td> <td>Country</td> <td>Postal Code</td> </tr> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Thomas J. Moore 2551 E. Summit Dr. Coeur d'Alene, ID 83815 Kootenai USA												
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: IDAHO W 180254		6. Signature:  Name (type or print): Thomas J. Moore Date: 7/24/18 Title: Manager										
Issued 07/24/2018 by online												

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM