

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) LYONS O'DOWD LLC 201 N 3RD ST COEUR D ALENE ID 83814																																				
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		3. New Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00																																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Thomas J. Moore</td> <td>2551 E. Summit Dr.</td> <td>Coeur d'Alene</td> <td>ID</td> <td>83815</td> <td>Kootenai USA</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> <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 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"/>						
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5. Organized Under the Laws of: IDAHO W 180254		6. Signature: <u>Thomas J. Moore</u> Date: <u>7/24/18</u> Name (type or print): <u>Thomas James Moore</u> Title: <u>Manager</u>																																						

Issued 07/24/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM