


No. <b>W 36291</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/21/2015</b>  <b>1. Mailing Address: Correct in this box if needed.</b> PARADISE NURSERY & POND CENTER, LLC RICHARD ALDEN DAMARJIAN 868 N YELLOWSTONE HWY REXBURG ID 83440	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> RICHARD ALDEN DAMARJIAN 868 N YELLOWSTONE HWY REXBURG ID 83440  <b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 25%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Bracken Eckersell</td> <td>4066 E. 518 N.</td> <td>Rexburg</td> <td>ID</td> <td>Jefferson</td> <td>83442</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>RJK Damarjian</td> <td>868 N Yellowstone</td> <td>Rex</td> <td>ID</td> <td>Madison</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Layne Eckersell</td> <td>452 N 410 PE</td> <td>Rexburg</td> <td>ID</td> <td>Jefferson</td> <td>83442</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Bracken Eckersell	4066 E. 518 N.	Rexburg	ID	Jefferson	83442	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	RJK Damarjian	868 N Yellowstone	Rex	ID	Madison	83440	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Layne Eckersell	452 N 410 PE	Rexburg	ID	Jefferson	83442	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 36291</div>	<b>6.</b> Signature:  <hr/> Name (type or print): Bracken Eckersell																																				
Date: <u>5/15/2015</u> Title: <u>OWNER</u>																																					
Issued 05/14/2015 by online																																					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM