

No. W 164182 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 06/29/2018 1. Mailing Address: Correct in this box if needed. WOODLAND AT FROSTY PINE, LLC LARRY N FLUET 722 N FROSTY PINE TRAIL COEUR D'ALENE ID 83814	2. Registered Agent and Office (NOT A P.O. BOX) LARRY N FLUET 722 N FROSTY PINE TRAIL COEUR D'ALENE ID 83814 Larry Fluet E 3835 Beckon Ridge Rd Coeur d'Alene, ID 83814 3. <u>New</u> Registered Agent Signature.																																			
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 colspan="6">LARRY FLUET E 3835 BECKON RIDGE RD COEUR D ALENE ID 83814</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></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"/>	LARRY FLUET E 3835 BECKON RIDGE RD COEUR D ALENE ID 83814						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 164182	6. Signature: <u>Larry Fluet</u> Date: <u>7/18/18</u> Name (type or print): _____ Title: _____																																				

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