

No. **W 86623****Reinstatement Annual Report Form
ADMIN DISSOLVED 12/17/2013****FILED EFFECTIVE**2. Registered Agent and Office
(**NOT A P.O. BOX**)~~LISA JOLLEY~~ *Lisa Frandsen*
425 PINE
POCATELLO ID 83201

Return to:

SECRETARY OF STATE
450 N 4th STREET
PO BOX 83720
BOISE, ID 83720-00801. **Mailing Address: Correct in this box if needed.**JOLIE ENTERPRISES, LLC
425 PINE
POCATELLO ID 83201**REINSTATEMENT FEE****DUE: \$30.00**3. New Registered Agent Signature.*Lisa Frandsen*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 ☒ Member ☐*Lisa Frandsen 425 W. Pine Pocatello ID USA 83201*Manager ☐ Member ☐Manager ☐ Member ☐Manager ☐ Member ☐

5. Organized Under the Laws of:

**IDAHO
W 86623**

6.

Signature:

Name (type or print):

Date:

Title:

*Lisa Frandsen**Lisa Frandsen**8/21/16**manager*