
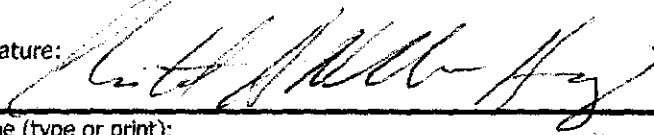


No. <b>W 115944</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TABULA RASA ENTERPRISES LLC CHRISTEL A NUNNALLEE-HORNUNG PO BOX 0828 SPIRIT LAKE ID 83869 USA		CHRISTEL NUNNALLEE-HORNUNG <del>82 ST GERMAINE</del> <del>SPIRIT LAKE ID 83869-0828</del> 324 E Sherman Ave #256 CDA, ID 83814																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>			3. New Registered Agent Signature 																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <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>Christel Nunnallee-Hornung</td> <td>PO BOX 0828</td> <td>SPIRIT LAKE</td> <td>ID</td> <td>USA</td> <td>83869</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"/>	Christel Nunnallee-Hornung	PO BOX 0828	SPIRIT LAKE	ID	USA	83869	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:  <b>IDAHO W 115944</b>	6. Signature:  Date: <u>9/30/15</u> Name (type or print): <u>Christel A Nunnallee-Hornung owner/manager</u> Title: _____																																					

Issued 09/28/2015 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**