

No. W 100597

Reinstatement Annual Report Form  
ADMIN DISSOLVED 05/10/2013

Return to:

SECRETARY OF STATE  
450 N 4th STREET  
PO BOX 83720  
BOISE, ID 83720-0080

REINSTATEMENT FEE

DUE: \$30.00

1. Mailing Address: Correct in this box if needed.

LHOTSE YOGA, LLC  
JENNIFER M STEVENS  
11895 W CLOVER MEADOWS DR.  
BOISE ID 83713 USA

2. Registered Agent and Office  
(NOT A P.O. BOX)

JENNIFER MAUREEN STEPHENS  
11895 W CLOVER MEADOWS DR.  
BOISE ID 83713

3. New Registered Agent Signature.

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
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Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jennifer M. Stevens	11895 W. Clover Meadows Dr.	Boise	ID	USA	83713
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Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Leona M. Wilson	6260 Teton Parkway	Boise	ID	83714	83714
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Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:

IDAHO  
W 100597

6.

Signature:

Name (type or print):

Jennifer M. Stevens

Date:

5/29/13

Title:

Managing member

Issued 05/22/2013 by CLH