

334-2080

No. W 89988	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) JANA KNOLL 11335 W SOUTHERLAND CT BOISE ID 83709-8552																																			
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. IMAGES MARKETING & CONSULTING, LLC JANA KNOLL 11335 W SOUTHERLAND CT BOISE ID 83709-8552		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>Jana R Knoll</td> <td>11335 W. Sutherland ct.</td> <td>Boise</td> <td>Id</td> <td>USA</td> <td>83709</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>James J. Knoll</td> <td>11335 W. Sutherland Ct.</td> <td>Boise</td> <td>Id</td> <td>USA</td> <td>83709</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"/>	Jana R Knoll	11335 W. Sutherland ct.	Boise	Id	USA	83709	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	James J. Knoll	11335 W. Sutherland Ct.	Boise	Id	USA	83709	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 89988	6. Signature:  Name (type or print): <u>Jana R Knoll</u> Date: <u>1-5-16</u> Title: <u>Manager/Owner</u>																																					