No. W 145196	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017	2. Registered Agent and Office **(NOT A P.O. BOX)**
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.** FIONA HICKS PHOTOGRAPHY L.L.C. PETER HICKS and Fiona Hicks 311 ~~WHISKEY JACK~~ RD SANDPOINT ID 83864 297 Carr Creek Rd, Sandpoint, ID 83864	~~PETER HICKS~~ Fiona Hicks 311 ~~WHISKEY JACK~~ RD SANDPOINT ID 83864 297 Carr Creek Rd. Sandpoint, ID 83864
REINSTATEMENT FEE **DUE: $30.00**		3. New Registered Agent Signature. Fiona Hicks

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 ☐	Peter Hicks	297 Carr Creek Rd	Sandpoint	ID	Bonner	83864
Manager ☐ Member ☑	Fiona Hicks	297 Carr Creek Rd	Sandpoint	ID	Bonner	83864
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature: Fiona Hicks	Date: 10/4/2017
IDAHO W 145196	Name (type or print): FIONA HICKS	Title: MRS

Issued 10/04/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM