


No. <b>W 129619</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/16/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> REX L JAMES 1654 PINE LAKES RANCH RD CASCADE ID 83611
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> ESSENTIAL OILS BOOKS, LLC REX L JAMES PO BOX 1830 CASCADE ID 83611		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			

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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	REX L. JAMES	PO BOX 1830	CASCADE	ID	USA	83611
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 129619</b> </div>	6. Signature:  <hr/> Name (type or print): <u>REX L. JAMES</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div>             Date: <u>4/13/16</u> </div> <div>             Title: <u>MANAGER/DIRECTOR</u> </div> </div>
---	--

Issued 04/13/2016 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM