

No. W 173239		Reinstatement Annual Report Form ADMIN DISSOLVED 01/22/2018		2. Registered Agent and Office (NOT A P.O. BOX) HEATHER ANNIS 115 MAGNOLIA AVE FRUITLAND ID 83619																																				
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, HEATHERS LITTLE BLACK FASHION TRUCK LLC HEATHER ANNIS 115 MAGNOLIA AVE FRUITLAND ID 83619		3. New Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00																																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<table border="0"> <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 colspan="5">Heather Annis 115 Magnolia Ave Fruitland, ID USA 83619</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></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"/>	Heather Annis 115 Magnolia Ave Fruitland, ID USA 83619						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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