

No. W 113495	Reinstatement Annual Report Form ADMIN DISSOLVED 07/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) KATHLEEN MARTIN 430 N NORDMAN NORDMAN ID 83848
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. TAILORED SPACES L.L.C. PO BOX 391 NORDMAN ID 83848		3. <u>New</u> 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
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kathleen Martin	P.O. Box 391	NORDMAN	ID	83848	USA
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Cathy Stejer	P.O. Box 417	Nordman	ID	83848	USA
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;"> IDAHO W 113495 </div>	6. Signature: <u>Kathleen Martin</u> Date: <u>January 24, 2015</u> <hr/> Name (type or print): <u>KATHLEEN MARTIN</u> Title: <u>OWNER</u>
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Issued 01/13/2015 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

1. Attention to the mailing address. If the