

2/1/2018

FILED EFFECTIVE

No. W 171206 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83728 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017 1. Mailing Address: Correct in this box if needed. XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX Freckled Fox LLC (The) 148 Blue Lakes Blvd North, #225 Twin Falls, Idaho 83301		2. Registered Agent and Office (NOT A P.O. BOX) BUSINESS FILINGS INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New 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 ☐ Member ☒</td> <td>Emily Meyers</td> <td>148 Blue Lakes Blvd North, #225</td> <td>Twin Falls</td> <td>Idaho</td> <td></td> <td>83301</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	Emily Meyers	148 Blue Lakes Blvd North, #225	Twin Falls	Idaho		83301	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 171206		6. Signature:  Name (type or print): Emily Meyers Title: Member Date: 2/7/18																																						

Issued 02/01/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM