



APPLICATION FOR REINSTATEMENT

To the SECRETARY OF STATE, STATE OF IDAHO

1. The name of the Idaho limited liability company applying for reinstatement following administrative dissolution or forfeiture, if available, is:

DREAM LIVIN, LLC.

2. The date of its organization was: December 30, 2011

3. The limited liability company hereby applies for reinstatement. If the entity name is unavailable, a certificate of amendment for a name change must be attached.

Signature:

Manager or Member:

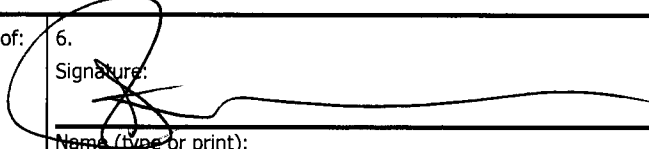
Patricia A. Swain

Date:

9/24/18

(must be signed by a manager or member of the LLC)

Secretary of State use only

No. W 109620		Reinstatement Annual Report Form ADMIN DISSOLVED 03/27/2018		2. Registered Agent and Office (NOT A P.O. BOX) GEORGE L SMITH 3470 WEST SHIRLEY LANE IDAHO FALLS ID 83402	
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. DREAM LIVIN, LLC. [REDACTED] <i>Patricia Swain</i> PO BOX 521366 BIG LAKE AK 99652		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
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 ☐		Patricia Swain	PO BOX 521366	Big Lake	AK 99652
Manager ☐ Member ☐					
Manager ☐ Member ☐					
Manager ☐ Member ☐					
5. Organized Under the Laws of:		6. Signature: 			
IDAHO W 109620		Name (Type or print): Patricia A. Swain		Date: <u>9/24/18</u> Title: <u>Manager</u>	
Issued 04/18/2018 by online 0					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? _____