

FILED EFFECTIVE

FILED EFFECTIVE

No. W 69584	Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2014		2. Registered Agent and Office (NOT A P.O. BOX)	
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. MCFADDEN CABIN LLC 1420 W JEFFERSON ST MARIES ID 83861		RICHARD L MCFADDEN Elizabeth MCFadden 1420 W JEFFERSON 1615 N 14th ST MARIES ID 83861 1615 N 14th Boise, ID 83702	
REINSTATEMENT FEE DUEDUE: \$30.00	1615 N 14th Boise, ID 83702		3. New Registered Agent Signature. Elizabeth MCFadden	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Elizabeth MCFadden	1615 N 14th	Boise, ID USA	83702
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Richard MCFadden	1420 Jefferson St. Maries, ID	USA	83861
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of:	6.			
IDAHO W 69584	Signature: Elizabeth MCFadden Date: 4/8/2014			
	Name (type or print): Elizabeth MCFadden			
	Title: Manager			