

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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MCFADDEN CABIN LLC 1420 W JEFFERSON 1615 N 14th ST MARIES ID 83861 Boise, ID 83702		RICHARD L MCFADDEN Elizabeth McFadden 1420 W JEFFERSON 1615 N 14th ST MARIES ID 83861 Boise, ID 83702 3. <u>New</u> Registered Agent Signature. Elizabeth McFadden																																			
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Elizabeth McFadden</td> <td>1615 N 14th</td> <td>Boise, ID</td> <td>USA</td> <td></td> <td>83702</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Richard McFadden</td> <td>1420 Jefferson St.</td> <td>Maries, ID</td> <td>USA</td> <td></td> <td>83861</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <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"/>						
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5. Organized Under the Laws of: IDAHO W 69584	6. Signature: Elizabeth McFadden Date: 4/8/2014 <hr/> Name (type or print): Elizabeth McFadden Title: Manager																																					

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