

No. <b>W 69410</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  CHERRY LANE SECURITY, LLC <del>THOMAS G VELLEAS</del> <i>KATHLEEN A. VELLEAS</i> 18429 BLOSSOM LANE JULIAETTA ID 83535	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> <del>THOMAS G VELLEAS</del> <i>KATHLEEN A. VELLEAS</i> 18429 BLOSSOM LANE JULIAETTA ID 83535  <b>3. New Registered Agent Signature.</b> <i>Kathleen A. Vellegas</i>														
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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><u>Manager</u> (circle one)</td> <td><i>KATHLEEN A Vellegas</i></td> <td><i>18429 Blossom LN</i></td> <td><i>JULIAETTA ID</i></td> <td><i>(ID)</i></td> <td><i>U.S.</i></td> <td><i>83535</i></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<u>Manager</u> (circle one)	<i>KATHLEEN A Vellegas</i>	<i>18429 Blossom LN</i>	<i>JULIAETTA ID</i>	<i>(ID)</i>	<i>U.S.</i>	<i>83535</i>
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code										
<u>Manager</u> (circle one)	<i>KATHLEEN A Vellegas</i>	<i>18429 Blossom LN</i>	<i>JULIAETTA ID</i>	<i>(ID)</i>	<i>U.S.</i>	<i>83535</i>										
<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 69410</b>	<b>6.</b> Signature: <i>Kathleen A. Vellegas</i> Date: <i>3-30-11</i> Name (type or print): <i>Kathleen A. Vellegas</i> Title: <i>3-30-11</i>															

Issued 03/21/2011 by CLH

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct 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:** Circle 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.

**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.