


No. W 6113	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) TOM ELLEFSON 11822 KENISNGTON HAYDEN ID 83835
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. INDEPENDENT CONSULTANTS, L.L.C. TOM ELLEFSON PO BOX 3357 HAYDEN ID 83835		3. <u>New</u> Registered Agent Signature.
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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Tom Ellefson</i> <i>po 3357</i> <i>Hayden Id</i> <i>Kootenai</i> <i>83835</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 6113 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): <i>Tom Ellefson</i> </div> <div> Date: <i>8/25/2013</i> Title: <i>President.</i> </div> </div>	

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