

No. <b>W 134640</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/26/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MICHAEL MICKELSEN 1277 N 600 E RUPERT ID 83350																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> LAVA FAMILY CABIN, LLC MICHAEL MICKELSEN 1277 N 600 E RUPERT ID 83350		3. <u>New</u> Registered Agent Signature.																																			
4. <b>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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Michael Mickelsen</td> <td>1277N 600E</td> <td>Rupert Id.</td> <td>Idaho</td> <td></td> <td>83350</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Karma Mickelsen</td> <td>1277N 600E</td> <td>Rupert Id.</td> <td>Idaho</td> <td></td> <td>83350</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"/>	Michael Mickelsen	1277N 600E	Rupert Id.	Idaho		83350	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Karma Mickelsen	1277N 600E	Rupert Id.	Idaho		83350	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:  <b>IDAHO</b> <b>W 134640</b>	6. Signature: <u>Michael B. Mickelsen</u> Name (type or print): <u>Michael B. Mickelsen</u> Date: <u>6-17-15</u> Title: <u>Manager</u>																																					

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**