


No. W 130861	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015		2. Registered Agent and Office (NOT A P.O. BOX) SONJA COLEMAN 1010 FOXMOOR DR HAILEY ID 83333																																			
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. INTERAXO ONLINE, LLC SONJA COLEMAN PO BOX 4721 HAILEY ID 83333		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Sonja Coleman</td> <td>1010 Foxmoor Dr.</td> <td>Hailey,</td> <td>ID</td> <td></td> <td>83333</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> <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>					Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Sonja Coleman	1010 Foxmoor Dr.	Hailey,	ID		83333	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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: <div style="text-align: center;"> IDAHO W 130861 </div>		6. Signature:  <hr/> Name (type or print): <u>Sonja Coleman</u> <div style="float: right; text-align: right;"> Date: <u>2/23/15</u> Title: <u>Manager</u> </div>																																				
Issued 02/23/2015 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM