


No. W 94964	Reinstatement Annual Report Form ADMIN DISSOLVED 10/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS W IVES PHD 2357 W BURNS ST EAGLE ID 83616
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. ST. VINCENT, L.L.C. THOMAS W IVES PHD 2357 W BURNS ST EAGLE ID 83616		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 type="checkbox"/> Thomas W. Ives 2357 W. Burns St, Eagle, ID., USA 83616			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Nola "Sue" Ives " " " " " " " "			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Joan B. Ives " " " " " " " "			
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 94964 </div>		6. Signature:  <hr/> Date: <u>12/7/13</u> Name (type or print): <u>Thomas W. Ives</u> Title: <u>Manager</u>	
Issued 11/01/2013 by KAH			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM