

W 10610

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| No. W 10610                                                                                                                                                                                                                                                                                                             | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 03/12/2012                                                                                                                                                                                |                                                                           | 2. Registered Agent and Office<br>(NOT A P.O. BOX)<br><del>KATHLEEN PARKER</del><br><del>211 E HIGHLAND VIEW DR</del><br><del>BOISE ID 83702</del> |
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>REINSTATEMENT FEE<br>DUE: \$30.00                                                                                                                                                                                   | 1. Mailing Address: Correct in this box if changed<br>PARKER/BANGERTER, LLC<br><del>KATHY G PARKER</del><br><del>211 E HIGHLAND VIEW DR</del><br>BOISE ID 83702 USA<br><br><i>Tammy Cox</i><br><i>398 S 9th #200</i><br><i>Boise ID 83702</i> |                                                                           | 3. Limited Agent Sign<br><i>Samuel</i>                                                                                                             |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.                                                                                                                                                                                                                     |                                                                                                                                                                                                                                               |                                                                           |                                                                                                                                                    |
| Manager or Member<br>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/><br>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/><br>Manager <input type="checkbox"/> Member <input type="checkbox"/><br>Manager <input type="checkbox"/> Member <input type="checkbox"/> | Name<br><i>Kathy Parker</i><br><i>Pot Bangert</i>                                                                                                                                                                                             | Street or PO Address<br><i>398 S 9th Suite 200</i><br><i>Box ID 83702</i> | City State Country Postal Code<br><i>Boise ID 83702</i>                                                                                            |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 10610                                                                                                                                                                                                                                                                 | 6. Signatures<br><i>Kathy Parker</i><br>Name (type or print): <i>KATHY PARKER</i><br>Date: <i>April 24, 2014</i><br>Title: <i>April 24, 2014</i>                                                                                              |                                                                           |                                                                                                                                                    |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM