No. W 128149	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** VANISHING DESIGN WALL FOR QUILTERS LLC ~~6330 W 33RD S~~ 597 LaurelWood Ave IDAHO FALLS ID ~~83402~~ 83401	BETHANIE A ~~KELSEY~~ Johnson ~~2775 PLOMMON ST~~ IDAHO FALLS ID ~~83402~~ 597 LaurelWood Ave. 83401
REINSTATEMENT FEE **DUE:** $30.00		3. New Registered Agent Signature. Bethanie Johnson

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 ☒ Member ☐	Bethanie Johnson	597 Laurelwood Ave	Idaho Falls,	ID,	U.S,	83401
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 128149	Signature: Bethanie Johnson Date: 7/26/16 Name (type or print): Bethanie Johnson Title: owner

Issued 07/26/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM