


No. W 158175	Reinstatement Annual Report Form ADMIN DISSOLVED 02/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) SHAE PRESCOTT 3319 ADDISON AVE EAST KIMBERLY ID 83341
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. EXCLUSIVE EQUINE HEALING LLC SHAE PRESCOTT 3319 ADDISON AVE EAST KIMBERLY ID 83341		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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"/>	Melissa shae prescott	3319 P.O Box 481	Jerome			
Manager <input type="checkbox"/> Member <input type="checkbox"/>	(change of address)					ID 83338
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 158175</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 6. Signature:  Name (type or print): H. Shae Prescott </div> <div style="width: 35%;"> Date: 7-15-17 Title: </div> </div>
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