

No. W 86812		Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> EMILY ORCHARD 571 W TIFFANY ST 263 Ironstone Ct MERIDIAN ID 83646	
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.  EMILY ORCHARD, LLC 571 W TIFFANY ST 263 Ironstone Ct MERIDIAN ID 83646			
REINSTATEMENT FEE <b>DUE: \$30.00</b>				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"/>		Emily Orchard 263 Ironstone Ct Meridian ID 83646			
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 86812		Signature: <u>Emily Orchard</u> Date: _____ Name (type or print): <u>Emily Orchard</u> Title: <u>MSCCC, SLP</u>			

Issued 08/31/2015 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**