



No. W 103675	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM FORSBERG <i>Stephen Gilley</i> 160 W 2ND STREET <i>600 N. Curtis</i> REXBURG ID 83440-4712 <i>Ste 101</i> <div style="text-align: right;"><i>Boise, ID 83706</i></div>
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. NAMASTE', LLC LAEL ORR 160 W 2ND STREET STE 233 <i>600 N. Curtis</i> REXBURG ID 83440-4712 USA <i>Ste 101</i> <div style="text-align: right;"><i>Boise, ID 83706</i></div>		3. New 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"/>	<i>Lael Orr 889 W 2400 S Rexburg ID Madison 83440</i>		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Jessie Day Gilley 689 W Valentino Meridian ID Ada 83406</i>		
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;"> IDAHO W 103675 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): <i>Lael Orr</i> </div> <div> Date: <i>12/29/17</i> Title: <i>manager</i> </div> </div>	