

No. W 42361	Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. DHARMA MARGA VEDIC HEALING L.L.C. 210 W COTTONWOOD ST HAILEY ID 83333		RYAN REDMAN 210 W COTTONWOOD ST HAILEY ID 83333 3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
owner Member	Ryan Redman	210. W cottonwood st .	Hailey Id	83333
owner Member	Paige Redman	same as above 210. W Cottonwood st	Hailey Id	83333
5. Organized Under the Laws of: 6.				
IDAHO W 42361		Signature:  Name (type or print): Ryan Redman		Date: 2/11/10 Title: owner Member
Issued 02/09/2010 by CLH				

ANNUAL REPORT FORM