No. W 98595 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012 1. Mailing Address: Correct in this box if needed. EMANON DESIGNS LLC SCOTT EDWARDS 4316 HOOVER BOISE ID 83705	2. Registered Agent and Office (NOT A P.O. BOX) SCOTT EDWARDS 4316 HOOVER BOISE ID 83705 3. <u>New</u> Registered Agent Signature.
REINSTATEMENT		l
FEE DUE: \$30.00		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.		
Manager or Member Nam	ne Street or PO Address	City State Country Postal Code
Manager Member (sircle one) E. S.o. H g Mr. C. h.H. M	Educids 4316 Houver Riar 1817 Esslow	Bolse ID Ada 83705- Bose IP Rdc 83705
5. Organized Under the Laws o IDAHO W 98595 Issued 03/28/2012 by DK1	f: 6. Signature: Name (type or print): 2. So H. Fall	Date: 3-28-12 Marker

## **INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Circle either Member or Manager. Enter names and business addresses of managers or members of the limited liability company.Note: <u>Do not</u> put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.