


No. W 48632	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) RITA LYNN SIMPSON 560 E AVE N KETCHUM ID 83340																						
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. OLD MILL INTERIORS LLC 309 MANUELLA AVE WOODSIDE CA 94062		3. <u>New</u> Registered Agent Signature.																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>member</td> <td>John B. Simpson</td> <td>309 manuella</td> <td>Woodside</td> <td>CA</td> <td>USA</td> <td>94062</td> </tr> <tr> <td>member</td> <td>Rita Lynn Simpson</td> <td>309 manuella</td> <td>Woodside</td> <td>CA</td> <td>USA</td> <td>94062</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	member	John B. Simpson	309 manuella	Woodside	CA	USA	94062	member	Rita Lynn Simpson	309 manuella	Woodside	CA	USA	94062
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5. Organized Under the Laws of: IDAHO W 48632		6. Signature:  Date: 10/1/10 Name (type or print): Rita Lynn Simpson Title: member																							
Issued 09/22/2010 by LJC																									

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 should be written on a separate sheet of paper and attached to the back of the form.