




No. <b>W 134077</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/25/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ALAINA MCCULLY 1018 CLAY PIT RD TROY ID 83871-9916
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> LAZY H. O. LLC ALAINA MCCULLY 1018 CLAY PIT RD TROY ID 83871		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"/>	Alaina McCully	1018 Claypit Rd,	Troy,	ID	Latah	83871
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Alyssa Hood	610 SE Dilke,	Pullman,	WA	Whitman	99163
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Azika Jensen	1051 Burnt Ridge,	Troy,	ID	Latah	83871
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 134077</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:              Name (type or print):  <b>Alyssa Hood</b> </td> <td style="width: 40%;">           Date:  <b>6/6/2014</b>             Title:  <b>Manager</b> </td> </tr> </table>	Signature:  Name (type or print): <b>Alyssa Hood</b>	Date: <b>6/6/2014</b>  Title: <b>Manager</b>
Signature:  Name (type or print): <b>Alyssa Hood</b>	Date: <b>6/6/2014</b>  Title: <b>Manager</b>		

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