




No. <b>W 149244</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/28/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SHIRLEY CHASTAIN 119 E 19TH ST IDAHO FALLS ID 83404																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> ARTISTRYAND1, LLC SHIRLEY CHASTAIN 447 PARK AVENUE IDAHO FALLS ID 83402																																					
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Shirley Chastain</td> <td>447 Park Ave</td> <td>Idaho Falls</td> <td>ID</td> <td>Bonneville</td> <td>83402</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Shirley Chastain	447 Park Ave	Idaho Falls	ID	Bonneville	83402	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 149244</b>	6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <u>07/06/2017</u></td> </tr> <tr> <td>Name (type or print): <u>SHIRLEY CHASTAIN</u></td> <td>Title: <u>OWNER</u></td> </tr> </table>			Signature: 	Date: <u>07/06/2017</u>	Name (type or print): <u>SHIRLEY CHASTAIN</u>	Title: <u>OWNER</u>																															
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the correct address must be inside Block 1.