

12/21/2017

W 152654

No. W 152654	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017		2. Registered Agent and Office (NOT A P.O. BOX)																																				
Return to: SECRETARY OF STATE 450 N 401 STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. RIPPLE GROUP, LLC KELSEY KUNKEL <i>Chris Ripatti</i> 301 MAIN STREET <i>18208 N Pope Rd</i> SUITE 305 <i>Hayden ID 83835</i> LEWISTON ID 83501		GABRIELLE HUGHENIN 217 CEDAR ST STE 108 SANDPOINT ID 83864 <i>Chris Ripatti</i> <i>18208 N Pope Rd</i> <i>Hayden ID 83835</i>																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			3. New Registered Agent Signature. DocuSigned by: <i>Chris Ripatti</i>																																				
<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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Chris Ripatti</i></td> <td><i>18208 N Pope Rd.</i></td> <td><i>Hayden</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83835</i></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 type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Chris Ripatti</i>	<i>18208 N Pope Rd.</i>	<i>Hayden</i>	<i>ID</i>	<i>USA</i>	<i>83835</i>	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: IDAHO W 152654		6. DocuSigned by: Signature: <i>Chris Ripatti</i> Name (type or print): <i>Chris Ripatti</i>			Date: <i>12-21-2017</i> Title: <i>Member</i>																																		
Issued 12/21/2017 by online																																							

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