

No. W 111343 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 05/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) INGRID BOLEN 7366 W DEVONWOOD BOISE ID 83714
	1. Mailing Address: Correct in this box if needed. BOLEN, LLC 7366 W DEVONWOOD BOISE ID 83714		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 checked="" type="checkbox"/> Ingrid Bolen 7366 W Devonwood Boise ID 83714			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 111343 </div>		6. Signature: <u>Ingrid Bolen</u> Date: <u>5.23.13</u> Name (type or print): <u>Ingrid Bolen</u> Title: <u>Owner/Manager</u>	

Issued 05/23/2013 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM