

No. W 93377		Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012			2. Registered Agent and Office (NOT A P.O. BOX)																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ENHANCE DESIGNSCAPES LLC. DAN S SANDERS <u>1830-MT DAVIDSON DR</u> <u>DRIGGS ID 83422 USA</u>			MARTIN SANDERS 1830-MT DAVIDSON DR DRIGGS ID 83422 DAN S SANDERS 975 W 9000 S VICTOR, ID 83455																																				
REINSTATEMENT FEE DUE: \$30.00		975 W 9000 S VICTOR, ID 83455			3. New 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DAN S SANDERS</td> <td>975 W 9000 S</td> <td>VICTOR</td> <td>ID</td> <td>USA</td> <td>83455</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MARTIN SANDERS</td> <td>Po Box 264</td> <td>VICTOR</td> <td>ID</td> <td>USA</td> <td>83455</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"/>	DAN S SANDERS	975 W 9000 S	VICTOR	ID	USA	83455	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MARTIN SANDERS	Po Box 264	VICTOR	ID	USA	83455	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM