





## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney REINSTATEMENT ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$30.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0003549345

Date Filed: 6/23/2019 4:25:52 PM

| Reinstatement Annual Report Form  | ana)                           | Standard (filing for \$20)                     |            |
|---|--------------------------------|--|------------|
| Standard or Expedited Service (select   | one)                           | Standard (filing fee \$30) PIE IN THE SKY LLC. |            |
| Current Entity Name  The file number of this entity on the records of the Idaho Secretary   |                                |  |            |
| of State is:  | colds of the Idaho Section     | etary 0000270070                               |            |
| Organized under the laws of:  |                                | IDAHO  |            |
| Entity Type:  |                                | Limited Liability Company (D)                  |            |
| Entity Subtype:   |                                |  |            |
| Limited Liability Company Subtype   |                                | Limited Liability Company                      |            |
| Entity Name:  |                                | DIE IN THE OLOVIA O                            |            |
| Entity name   |                                | PIE IN THE SKY LLC.                            |            |
| The registered agent on record is:  Need to appoint new agent   |                                |  |            |
| Agent or Address Change?  |                                |  |            |
| Select if you are appointing a new  | agent.                         |  |            |
|   |                                |  |            |
| The name and street address of the new registered Registered Agent  | d agent and office in Idaho is | :<br>HEATHER NOPENS                            |            |
| riogistored rigerit   |                                | Registered Agent                               |            |
|   |                                | Physical Address                               |            |
|   |                                | 16702 SMOKY MOUNTAIN AVE<br>CALDWELL, ID 83607 | Ξ.         |
|   |                                | Mailing Address                                |            |
| C:  |                                |  |            |
| Signature of newly appointed agent  |                                |  |            |
| I declare that I (the person completing this amendment) am the newly appointed agent and will sign electronically both as agent and as filer. |                                |  |            |
| and do mon  |                                |  |            |
| Heather Nopens  |                                |  | 06/23/2019 |
| Sign Here   |                                |  | Date       |
| The mailing address of the corporation is:  |                                |  |            |
| 16702 SMOKY MOUNTAIN AVE  |                                |  |            |
| CALDWELL, ID 83607-1452   |                                |  |            |
| Limited Liability Company Managers and Members  |                                |  |            |
| Name  | Title                          | Address  |            |
| Heather Nopens  |                                | 16702 SMOKY MOUNTAIN AVE<br>CALDWELL, ID 83607 |            |
|   |                                | 57.EBWELL, 1D 00007                            |            |
| The Application for Reinstatement must be signed by at least one governor.  |                                |  |            |
| Heather Nopens  |                                |  | 06/23/2019 |
| Sign Here   |                                |  | Date       |

Manager

Signer's Title: