


4/16/2014

W90203

No. W 90203	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) AMY PETERSON 805 4TH AVE DR JEROME ID 83338
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE \$30.00	1. Mailing Address: Correct in this box if needed. BREASTFEEDING SOLUTIONS LLC AMY PETERSON 805 4TH AVE DR JEROME ID 83338 USA		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 type="checkbox"/> Amy Peterson 805 4th Ave Dr Jerome ID Jerome 83338			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Mindy Harmer 679 Bristlecone Twin Falls ID Twin Falls 83301			
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 90203 </div>		6. Signature:  <hr/> Name (type or print): <u>Amy Peterson</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>4-16-14</u> </div> <div> Title: <u>Partner</u> </div> </div>	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM