

W 169410

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No. W 169410	Reinstatement Annual Report Form ADMIN DISSOLVED 10/27/2017		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TM BOOKKEEPING & MORE LLC MILDRED MILLER PO BOX 233 <i>316 S Chestnut St</i> CALDWELL ID 83606 <i>Nampa, ID 83686</i>		MILDRED MILLER 16867 PARTNER RD SPC-1 NAMPA ID 83651 <i>83686</i> <i>316 S Chestnut St.</i>																																			
			3. <u>New</u> 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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Mildred Miller</td> <td>316 S Chestnut St</td> <td>Nampa</td> <td>ID</td> <td>Canyon</td> <td>83686</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Mildred Miller	316 S Chestnut St	Nampa	ID	Canyon	83686	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 169410	6. Signature: <i>Mildred Miller</i> Date: <i>1-4-18</i> Name (type or print): <i>Mildred Miller</i> Title: <i>Owner</i>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM