7/24/2017 W 90614

No. W 90614	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2017	2. Registered Agent and Office (NOT A P.O. BOX) ADAM A SMITH 26497 N WARREN RD ATHOL ID 83801
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. INLAND NORTHWEST MARKETING LLC ADAM A SMITH PO BOX 3253 POST FALLS ID 83877	3. New Registered Agent Signature
REINSTATEMENT FEE DUE: $30.00		

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 ☐ Member ☒	Adam Smith	PO Box 3253	Post Falls	ID		83877
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:
IDAHO
W 90614

6. Signature: Adam A Smith Date: 7/21/17
Name (type or print): ADAM A SMITH Title: Owner

Issued 07/24/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be usable.