




No. W 61086	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) CATHRYN STILLMAN 165 FRONT ST DRIGGS ID 83452
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. YOGATEJAS, LLC CATHRYN STILLMAN 5029 N HWY 33 TETONIA ID 83452		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"/>	Cathryn Stillman	5029 N. HWY 33	Tetonia	ID	USA	83452
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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;"> IDAHO W 61086 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>6/30/13</u> </td> </tr> <tr> <td> Name (type or print): <u>Cathryn Stillman</u> </td> <td> Title: <u>owner</u> </td> </tr> </table>	Signature: 	Date: <u>6/30/13</u>	Name (type or print): <u>Cathryn Stillman</u>	Title: <u>owner</u>
Signature: 	Date: <u>6/30/13</u>				
Name (type or print): <u>Cathryn Stillman</u>	Title: <u>owner</u>				

Issued 06/17/2013 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM