




No. <b>W 111814</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/12/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CAMILLA CAFFERTY 39 E STATE AVE MERIDIAN ID 83642																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> STATE AVENUE OFFICES LLC CAMILLA CAFFERTY 39 E STATE AVE MERIDIAN ID 83642		3. <u>New</u> Registered Agent Signature.																																			
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:20%;">Name</th> <th style="width:30%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Camilla Cafferty</td> <td>39 E State Ave</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83642</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"/>	Camilla Cafferty	39 E State Ave	Meridian	ID	USA	83642	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:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 111814</b> </div>	6. <table style="width:100%;"> <tr> <td style="width:30%;">Signature:</td> <td style="width:40%; text-align: center;"></td> <td style="width:30%;">Date:</td> <td style="text-align: center;">12/15/14</td> </tr> <tr> <td>Name (type or print):</td> <td style="text-align: center;"><u>Camilla Cafferty</u></td> <td>Title:</td> <td style="text-align: center;"><u>owner</u></td> </tr> </table>			Signature:		Date:	12/15/14	Name (type or print):	<u>Camilla Cafferty</u>	Title:	<u>owner</u>																											
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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**