

No. W 150872	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		2. Registered Agent and Office (NOT A P.O. BOX) ANNIE CHAMBERLAIN 3117 N TAMARACK DR BOISE ID 83703
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. CHAMBERLAIN LANGUAGE CONSULTING LLC 3117 N TAMARACK DR BOISE ID 83703 5025 Agua Fria Park Rd Santa Fe, NM 87507		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"/>	Annie Chamberlain	5025 Agua Fria Park Rd	Santa Fe	NM		87507
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 150872 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Annie Chamberlain</u> </td> <td style="width: 40%;"> Date: <u>Jan 10, 2017</u> </td> </tr> <tr> <td> Name (type or print): <u>Annie E. Chamberlain</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>	Signature: <u>Annie Chamberlain</u>	Date: <u>Jan 10, 2017</u>	Name (type or print): <u>Annie E. Chamberlain</u>	Title: <u>Manager</u>
Signature: <u>Annie Chamberlain</u>	Date: <u>Jan 10, 2017</u>				
Name (type or print): <u>Annie E. Chamberlain</u>	Title: <u>Manager</u>				

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~~\$30~~
\$40