

No. W 99441	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012					2. Registered Agent and Office (NOT A P.O. BOX) L FAITH PALMER 11281 N 5TH W IDAHO FALLS ID 83401	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 <i>We Will Fix Our Error</i> REINSTATEMENT FORM DATE <i>5/8/12</i>	1. Mailing Address: Correct in this box if needed. MOM'S PLACE GLUTEN-FREE, LLC L FAITH PALMER 11281 N 5TH W IDAHO FALLS ID 83401					3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name L. Faith Palmer	Street or PO Address 11281 N. 5th W. Idaho Falls ID Bonneville 83401	City	State	Country	Postal Code	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Misty Dawn Holzmark 11281 N. 5th W. Idaho Falls ID Bonneville 83401						
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of: IDAHO W 99441		6. Signature: <u>L. Faith Palmer</u> Name (type or print): <u>L. Faith Palmer</u>					Date: <u>5/8/12</u> Title: <u>Owner</u>
Issued 05/07/2012 by SLD							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM