

# FILED EFFECTIVE

No. W 112394	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013		2. Registered Agent and Office (NOT A P.O. BOX)	
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. SEVEN CEDARS LLC <del>PO BOX 1052</del> <del>ATHOL ID 83801</del> PO BOX 303 SPIRIT LAKE ID 83869		MELODY HELEN POSSINGER 4954 W DELAWARE STREET SPIRIT LAKE ID 83869	
REINSTATEMENT FEE DUE: \$30.00			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
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Melody Possinger	4954 W Delaware	Spirit Lake,	USA
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Ryan Possinger	4954 W Delaware	Idaho	83869
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of:		6.		
IDAHO W 112394		Signature: <i>Melody Possinger</i>		Date: 2/10/2014
		Name (type or print): Melody Possinger		Title: manager <del>owner</del>
Issued 09/23/2013 by CLH				

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM