

No. W 37019	Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014		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. JADE & ASSOCIATES, LLC KEN LAW 1233 N. CAMELOT DR. BOISE ID 83704 USA <i>P.O. Box 1315</i> <i>Kamiah, ID 83536</i>		NADINE HARDY 9235 S. CHERRY APPLE PLACE KUNA ID 83634																																			
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>Ken Law</i></td> <td><i>P.O. Box 1315</i></td> <td><i>Kamiah</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83536</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Kristi Law</i></td> <td><i>"</i></td> <td><i>"</i></td> <td></td> <td></td> <td><i>"</i></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"/>	<i>Ken Law</i>	<i>P.O. Box 1315</i>	<i>Kamiah</i>	<i>ID</i>	<i>USA</i>	<i>83536</i>	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Kristi Law</i>	<i>"</i>	<i>"</i>			<i>"</i>	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: IDAHO W 37019	6. Signature: <i>Ken Law</i> Name (type or print): <i>Ken Law</i> Date: <i>1-17-15</i> <i>1-22-15</i> Title: <i>Manager</i>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM