

No. W 135401	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) LAFONDA MERRICK 98 MCGUIRE AVE 624 3rd St S. NAMPA ID 83651																																				
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. INFLUENCE ALLURE, LLC SHANNON WICKENDEN 6755 SAGE CANYON WAY STAR ID 83669		3. <u>New</u> 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Shannon Wickenden</td> <td>6755 Sage Canyon Way</td> <td>Star</td> <td>IO</td> <td>USA</td> <td>83669</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Joe Wickenden</td> <td>6755 Sage Canyon Way</td> <td>Star</td> <td>IO</td> <td>USA</td> <td>83669</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Shannon Wickenden	6755 Sage Canyon Way	Star	IO	USA	83669	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Joe Wickenden	6755 Sage Canyon Way	Star	IO	USA	83669	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 135401	6. Signature: <u>Shannon R Wickenden</u> Name (type or print): <u>Shannon Wickenden</u>		Date: <u>4/7/15</u> Title: <u>member</u>																																				
Issued 06/30/2015 by online																																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM