


No. <b>W 81254</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/05/2010</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>
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. ORIGINAL SEED ORGANIC LIFESTYLES, LLC WILLIAM P DOUGHERTY III 802 N LINCOLN ST POST FALLS ID 83854		WILLIAM P DOUGHERTY III 802 N LINCOLN ST POST FALLS ID 83854
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>William P. Dougherty</i>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>802 Lincoln St. Post Falls, ID 83854</i>		
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 81254	Signature:  Name (type or print): <i>William P. Dougherty III</i>		Date: <i>3/6/17</i> Title: <i>Member</i>
Issued 03/06/2017 by online			

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**