

No. W 156462	Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016		2. Registered Agent and Office (NOT A P.O. BOX) KERRY C RYAN-KUHN 1704 HARRISON BLVD BOISE ID 83702																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT PER DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SONA'S SANCTUARY, LLC 4010 STATE ST STE A BOISE ID 83702 750 Warm Springs Ave. Suite A3 Boise, ID 83712																																					
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 ☒ Member ☐</td> <td>Kerry Ryan-Kuhn</td> <td>750 Warm Springs Ave. Suite A3</td> <td>Boise</td> <td>ID</td> <td></td> <td>83712</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Kerry Ryan-Kuhn	750 Warm Springs Ave. Suite A3	Boise	ID		83712	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 156462		6. Signature: <u>Kerry C Ryan-Kuhn</u> Name (type or print): <u>Kerry C. Ryan-Kuhn</u> Date: <u>5-14-17</u> Title: <u>owner</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM