


No. W 107303	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) KIMBAL ANDERSON 1922 N 21ST BOISE ID 83702
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. OAKS COLLEGE OF HEALING ARTS LLC (THE) KIMBAL ANDERSON 1922 N 21ST BOISE ID 83702		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 Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Kimbal Anderson 1922 N 21st Boise Id Ada 83702			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 107303 </div>		6. Signature:  <hr/> Name (type or print): <u>Kimbal Anderson</u> <div style="float: right; text-align: right;"> Date: <u>Jan 28 2014</u> Title: <u>Director</u> </div>	
Issued 01/28/2014 by JLI			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM