


No. W 119861	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		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. GARNET LLC (THE) JUSTIN MCLANE 317 E WALNUT AVE COEUR D ALENE ID 83814		JUSTIN MCLANE 7633 W COUGAR GULCH RD COEUR D ALENE ID 83814																																			
REINSTATEMENT FEE DUE: \$30.00			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>JUSTIN MCLANE</td> <td>4643 SE cheerio Way</td> <td>Stuart</td> <td>FL</td> <td></td> <td>34997</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ANGELINE MCLANE</td> <td>4643 SE cheerio Way</td> <td>Stuart</td> <td>FL</td> <td></td> <td>34997</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"/>	JUSTIN MCLANE	4643 SE cheerio Way	Stuart	FL		34997	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ANGELINE MCLANE	4643 SE cheerio Way	Stuart	FL		34997	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 119861		6. Signature:  Date: <u>4-21-17</u> Name (type or print): <u>ANGELINE MCLANE</u> Title: <u>Member</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM