

No. W 25397	Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		KATHY J EDWARDS 1004 7TH ST S NAMPA ID 83651	
	EDWARDS LAW OFFICE, PLLC 1004 7TH ST S NAMPA ID 83651		3. New Registered Agent Signature. 	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
				U.S.A.
Owner/Manager Kathy J. Edwards		1004 7th St. S. Nampa ID 83651		
5. Organized Under the Laws of:		6.		
IDAHO W 25397		Signature: 	Date: 11/10/09	
		Name (type or print): Kathy J. Edwards	Title: Owner/	
Issued 11/10/2009 by KAH		Manager		