


No. W 81883	Reinstatement Annual Report Form ADMIN DISSOLVED 05/13/2011		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. INNOVEND LLC EMILY RICHARDS 12116 W DYNAMITE LN KUNA ID 83632 6055 Murphy Rd Kuna, ID 83634		EMILY RICHARDS 12116 W DYNAMITE LN KUNA ID 83632 6055 Murphy Rd Kuna, ID 83634
REINSTATEMENT FEE DUE: \$30.00 <i>cash</i>			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 checked="" type="checkbox"/>	Emily Richards	6055 Murphy Rd	Kuna ID USA 83634
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:		6.	
IDAHO W 81883		Signature: 	Date: 1-12-17
		Name (type or print): Emily B. Richards	Title: Manager
Issued 01/12/2017 by online			

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