


No. W 85433	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) GREGORY RAAB 6090 N QUEENSBURY PL BOISE ID 83713 4765 W HIDDEN SPRINGS DR BOISE, ID 83714
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. STELLAR BY DESIGN LLC GREGORY RAAB 6090 N QUEENSBURY PL BOISE ID 83713 4765 W. HIDDEN SPRINGS DR BOISE, ID 83714		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"/>	GREGORY RAAB	4765 W HIDDEN SPRINGS DR	BOISE	ID	ADA	83714
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;"> IDAHO W 85433 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): GREGORY RAAB </div> <div style="width: 35%;"> Date: 2/11/2016 <hr/> Title: OWNER </div> </div>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.