

No. W 181035	Reinstatement Annual Report Form		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	ADMIN DISSOLVED 07/23/2018		JACK STEWART 781 GRASSER LN OROFINO ID 83544																																			
REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ALL DREAMS LLC 781 GRASSER LN OROFINO ID 83544		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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LINDA CANNIZZO</td> <td>781 GRASSER LN</td> <td>OROFINO</td> <td>ID</td> <td>CLEARWATER</td> <td>83544</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JACK STEWART</td> <td>781 GRASSER LN</td> <td>OROFINO</td> <td>ID</td> <td>CLEARWATER</td> <td>83544</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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	LINDA CANNIZZO	781 GRASSER LN	OROFINO	ID	CLEARWATER	83544	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	JACK STEWART	781 GRASSER LN	OROFINO	ID	CLEARWATER	83544	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 181035		6. Signature: <u><i>Linda Cannizzo</i></u> Date: <u>7/25/18</u> Name (type or print): <u>LINDA CANNIZZO</u> Title: _____																																				

Issued 07/25/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM