


No. <b>W 9543</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/03/2011</b>		2. Registered Agent and Office (NOT A P.O. BOX) <b>PAUL SANDS</b> <b>102 E 4TH AVE</b> <b>POST FALLS ID 83854</b>														
Return to: <b>SECRETARY OF STATE</b> <b>450 N 4th STREET</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  <b>POST FALLS FRENCH CLEANERS, L.L.C.</b> <b>PAUL SAND</b> <b>102 E 4TH AVE</b> <b>POST FALLS ID 83854</b>				3. <u>Now</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 <u>Member</u> (circle one)</td><td>Paul Sand</td><td>102 E 4th Ave</td><td>Post Falls</td><td>ID</td><td>USA</td><td>83854</td></tr></tbody></table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <u>Member</u> (circle one)	Paul Sand	102 E 4th Ave	Post Falls	ID
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code											
Manager <u>Member</u> (circle one)	Paul Sand	102 E 4th Ave	Post Falls	ID	USA	83854											
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 9543</b>	6. Signature:   Name (type or print): <b>Paul Sand</b>		Date: <b>11-27-11</b>  Title: <b>Member</b>														
Issued 11/22/2011 by C.H.																	