


No. W 160811	Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018		2. Registered Agent and Office (NOT A P.O. BOX) CHAD NATHANIEL VON LIND 10195 N MAPLE ST HAYDEN ID 83835-8383
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. CRAFT AND LORE, LLC CHAD NATHANIEL VON LIND 6055 N GOVERNMENT WAY #3 3909 N. SCHREIBER WAY #4 COEUR D ALENE ID 83815		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 type="checkbox"/> CHAD VON LIND 3909 N SCHREIBER WAY #4 CDA ID KOOTENAI 83815			
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; font-weight: bold; font-size: large;"> IDAHO W 160811 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): CHAD VON LIND </div> <div style="width: 35%; text-align: right;"> Date: <u>5/3/18</u> <hr/> Title: <u>PROPRETOR</u> </div> </div>	