

No. W 121361	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) PATRICIA BERGER 613 S DOLLAR COEUR D ALENE ID 83814																																			
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. BLUE LOTUS SANCTUARY FOR VITAL LIVING LLC 613 S DOLLAR COEUR D ALENE ID 83814		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="0"> <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> <tr> <td> Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>sole owner / manager</i> </td> <td colspan="6"><i>same as above</i></td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td colspan="6"><i>Patricia Berger 613 S. Dollar St Coeur d'Alene Idaho</i></td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td colspan="6"></td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td colspan="6"></td> </tr> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>sole owner / manager</i>	<i>same as above</i>						Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>Patricia Berger 613 S. Dollar St Coeur d'Alene Idaho</i>						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							<i>USA 83814</i>		
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