



No. W 125165	Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015		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	1. Mailing Address: Correct in this box if needed. INDIGOINMOTION LLC 425 E TIGER POST FALLS ID 83854 USA		KATE D LISTER 806 OAK STREET SANDPOINT ID 83864 Heather Goodner 425 E Tiger Post Falls, Id 83854																																			
REINSTATEMENT FEE DUE: \$30.00			3. New 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Heather Goodner</td> <td>425 E Tiger</td> <td>Post Falls</td> <td>Id</td> <td>USA</td> <td>83854</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> <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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Heather Goodner	425 E Tiger	Post Falls	Id	USA	83854	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 125165	6. Signature:  Name (type or print): <u>Heather Goodner</u> Date: <u>8-30-15</u> Title: <u>Member</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM