

No. W 77853	Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) SHERYL LOCOCO 228 N ATLANTIC PL BOISE ID 83704	
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. KNIT WITS LLC SHERYL D LOCOCO 8850 W FAIRVIEW AVE BOISE ID 83704 USA		3. New Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code
<i>MANAGER</i>	Sheryl Lococo	228 N Atlantic Pl	Boise	ID		83704

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 77853 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <u><i>Sheryl Lococo</i></u> </td> <td style="width: 30%;"> Date: <u>12/20/10</u> </td> </tr> <tr> <td> Name (type or print): <u>Sheryl Lococo</u> </td> <td> Title: <u>owner</u> </td> </tr> </table>	Signature: <u><i>Sheryl Lococo</i></u>	Date: <u>12/20/10</u>	Name (type or print): <u>Sheryl Lococo</u>	Title: <u>owner</u>
Signature: <u><i>Sheryl Lococo</i></u>	Date: <u>12/20/10</u>				
Name (type or print): <u>Sheryl Lococo</u>	Title: <u>owner</u>				

Issued 12/16/2010 by LJM

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address **must** be inside Block 1.