

No. W 112901	Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) CINDY HESS 15032 HOLLOW RD CALDWELL ID 83607
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. PRAIRIE SAGE WELLNESS CENTER, LLC CINDY HESS 15032 HOLLOW RD CALDWELL ID 83607 1070 W Main St B Middlton, ID 83644		3. New 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"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/>		Cindy Hess 1070 W Main St B Middlton, ID USA 83644	
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 112901 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature: <u><i>Cindy Hess</i></u> Name (type or print): <u>Cindy Hess</u> </div> <div style="width: 35%;"> Date: <u>8-19-14</u> Title: <u>proprietor</u> </div> </div>	
Issued 07/25/2014 by DRF			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM