9/14/2017 W 75901

| No. W 75901 | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 10/06/2009 | 2. Registered Agent and Office<br>**(NOT A P.O. BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. **Mailing Address: Correct in this box if needed.**<br>EM CONSULTING, LLC<br>ANDREA TRAEUMER<br>~~3308 COLBURN CULVER RD~~<br>~~SANDPOINT ID 83864~~<br>9235 N RAMSEY RD.<br>HAYDEN, ID 83835 | ANDREA TRAEUMER<br>~~3308 COLBURN CULVER RD~~<br>~~SANDPOINT ID 83864~~<br>9235 N. RAMSEY RD.<br>HAYDEN, IDAHO 83835 |
| **REINSTATEMENT FEE**<br>**DUE:** $30.00 | | 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 ☒ Member ☐ | ANDREA TRAEUMER | 9235 N RAMSEY RD. | HAYDEN | ID | USA | 83835 |
| Manager ☐ Member ☐ | | | | | | |
| Manager ☐ Member ☐ | | | | | | |
| Manager ☐ Member ☐ | | | | | | |

| 5. Organized Under the Laws of: | 6. Signature: | Date: |
|---|---|---|
| IDAHO<br>W 75901 | | 9/14/2017 |
| | Name (type or print): ANDREA TRAEUMER | Title: OWNER |

Issued 09/14/2017 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**