



No. <b>W 114467</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/12/2013</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b>																																			
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ESPRESSEO, LLC (THE) LOUIS SWINGROVER 409 COEUR D ALENE AVE COEUR D ALENE ID 83814 907 N 6TH ST COEUR D ALENE, ID 83814		LOUIS SWINGROVER 409 COEUR D ALENE AVE COEUR D ALENE ID 83814 907 N 6TH ST COEUR D ALENE, ID 83814  <b>3. New Registered Agent Signature.</b> 																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>LOUIS SWINGROVER</td> <td>907 N 6TH ST</td> <td>COEUR D ALENE,</td> <td>ID</td> <td>U.S.</td> <td>83814</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"/>	LOUIS SWINGROVER	907 N 6TH ST	COEUR D ALENE,	ID	U.S.	83814	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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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 114467</b>		<b>6.</b> Signature:  Date: 1-1-15 Name (type or print): LOUIS SWINGROVER Title: OWNER																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**