

1/30/2017

W 99143

<p>No. W 99143</p>		<p>Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2014</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX) JOANNE LAMOTHE 3291 W LARK AVE POST FALLS ID 83854</p>																																				
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p>		<p>1. Mailing Address: Correct in this box if needed. SEAMSTRESS, LLC JOANNE L LAMOTHE 3291 W LARK AVE POST FALLS ID 83854</p>		<p>3. <u>New</u> Registered Agent Signature. <i>Joanne L. LaMothe</i></p>																																				
<p>REINSTATEMENT FEE DUE: \$30.00</p>		<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <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>Joanne LaMothe</td> <td>3291 W LARK</td> <td>POST FALLS,</td> <td>ID</td> <td>US</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"/>	Joanne LaMothe	3291 W LARK	POST FALLS,	ID	US	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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<p>5. Organized Under the Laws of: IDAHO W 99143</p>		<p>6. Signature: <i>Joanne L. LaMothe</i></p>		<p>Date: <i>01/30/2017</i></p>																																				
		<p>Name (type or print): <i>Joanne L. LaMothe</i></p>		<p>Title: <i>Member</i></p>																																				

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