

Reinstatement for W 70930

Page 1 of 2

FILED EFFECTIVE

No. W 70930	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX) HEATHER BENNETT																					
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.		540 E 5TH 101 N Bridge #113 ST ANTHONY ID 83445																					
	EXCELLENCE IN EVERYONE, LLC HEATHER BENNETT 540 E 5TH PO Box 154 ST ANTHONY ID 83445		3. New Registered Agent Signature.																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</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>owner</td> <td>Lori Olsen</td> <td>2651 E 500N</td> <td>St Anthony, ID</td> <td>USA</td> <td></td> <td>83445</td> </tr> <tr> <td>owner</td> <td>Heather Bennett</td> <td>2635 E 500N</td> <td>St Anthony, ID</td> <td>USA</td> <td></td> <td>83445</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	owner	Lori Olsen	2651 E 500N	St Anthony, ID	USA		83445	owner	Heather Bennett	2635 E 500N	St Anthony, ID	USA		83445
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5. Organized Under the Laws of: IDAHO W 70930	6. Signature: <u>Heather Bennett</u> Date: <u>4/19/10</u> Name (type or print): <u>Heather Bennett</u> Title: <u>owner</u>																							

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