


No. W 19166 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2004 1. Mailing Address: Correct in this box if needed. PAUPER'S CANDLE COMPANY, LLC PO BOX 1059 PACIFIC CITY OR 97135 P.O. Box 1453 Sandpoint, ID 83864	2. Registered Agent and Office (NOT A P.O. BOX) KRISTA WEBBER 4707 ANTELOPE WAY CALDWELL ID 83607 393 Flamingo Rd. Sandpoint, ID 83864 3. New Registered Agent Signature.
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4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Manager	Krista Webber	P.O. Box 1453	Sandpoint	ID	Bonner	83864
Member	Mark Webber	P.O. Box 1453	Sandpoint	ID	Bonner	83864

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 19166</div>	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): Krista Webber </div> <div style="width: 35%; text-align: right;"> Date: 7/28/2010 Title: Owner Manager </div> </div>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.