

No. W 67122	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) INA RANEL HANSON 317 N FIRST AVE SANDPOINT ID 83864																																			
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. FLOWER POWER, LIMITED LIABILITY COMPANY INA RANEL HANSON 317 N FIRST AVE SANDPOINT ID 83864 USA		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>INA Ranel Hanson</td> <td>317 N. 1st Ave</td> <td>Sandpoint,</td> <td>Id</td> <td>USA</td> <td>83864</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"/>	INA Ranel Hanson	317 N. 1 st Ave	Sandpoint,	Id	USA	83864	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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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 67122 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u>INA Ranel Hanson</u></td> <td style="width: 30%;">Date: <u>12-22-14</u></td> </tr> <tr> <td>Name (type or print): <u>INA RANEL HANSON</u></td> <td>Title: <u>OWNER</u></td> </tr> </table>			Signature: <u>INA Ranel Hanson</u>	Date: <u>12-22-14</u>	Name (type or print): <u>INA RANEL HANSON</u>	Title: <u>OWNER</u>																															
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Issued 12/22/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM