

No. W 108681	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015					2. Registered Agent and Office (NOT A P.O. BOX) LAURIE L ADAMS 67624 HWY-2 MOYIE SPRINGS ID 83845 9609 W Atmore DR Boise, ID 83704
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. NORTH IDAHO INVESTIGATION, LLC LAURIE L ADAMS 303 SOLBERG DRIVE KALISPELL MT 59901-2302 9609 W. Atmore DR Boise, ID 83704					3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager or Member Name Street or PO Address City State Country Postal Code Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> LAURIE ADAMS 9609 W Atmore DR Boise ID USA 83704 Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> Jennifer Pumbo 9609 W. Atmore DR Boise ID USA 83704 Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of: IDAHO W 108681	6. Signature:  Name (type or print): LAURIE ADAMS					Date: 12/3/15 Title: Member

Issued 12/02/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing 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: Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

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.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? _____