

No. <b>W 125205</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> ARLEEN DECORY TC LLC <del>4030 N. PATRICIA LN.</del> <del>BOISE ID 83704</del> 363 S. Walnut St. → Boise, ID 83712	ARLEEN DECORY <del>4030 N. PATRICIA LN.</del> <del>BOISE ID 83704</del>	
<b>REINSTATEMENT FEE DUE: \$30.00</b>			3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Arleen Decory	363 S. Walnut	Boise ID Ada 83712
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <b>IDAHO W 125205</b>	6. Signature: <u>Arleen Decory</u> Date: <u>1/4/18</u> Name (type or print): <u>Arleen Decory</u> Title: <u>Manager</u>		