

No. <b>W 112319</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014</b>		2. Registered Agent and Office (NOT A P.O. BOX) <del>KELLY GAYWOOD</del> <del>30 ELLSWORTH LN</del> <del>LEADORE ID 83464</del>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. CORNERSTONE GIFTS AND COLLECTIBLES, LLC 415 MAIN ST SALMON ID 83467		Cynthia C. Drnjevic 250 Sunset Heights Rd. Salmon, Id 83467  3. New Registered Agent Signature. <i>Cynthia C. Drnjevic</i>																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Cynthia C. Drnjevic</td> <td>250 Sunset Hts.</td> <td>Salmon</td> <td>Id</td> <td>USA</td> <td>83467</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jacqueline Newsom</td> <td>PO Box 47</td> <td>Tendoy</td> <td>Id</td> <td>USA</td> <td>83468</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Cynthia C. Drnjevic	250 Sunset Hts.	Salmon	Id	USA	83467	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jacqueline Newsom	PO Box 47	Tendoy	Id	USA	83468	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:  <b>IDAHO W 112319</b>		6. Signature: <i>Cynthia C. Drnjevic</i> Name (type or print): <u>Cynthia C. Drnjevic</u> Date: <u>6/23/2014</u> Title: <u>manager/owner</u>																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**