



No. W 50364	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX)		
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. FINGERPRINTS OF FAITH LLC STAR VAN SICKLE 1870 DRIFTWOOD HEIGHTS DR HARRISON ID 83833		STAR VAN SICKLE 1870 DRIFTWOOD HEIGHTS DR HARRISON ID 83833 MARJORIE Rosewell 3. New Registered Agent Signature. 		
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	Marjorie Rosewell	1870 Driftwood Heights Drive	Harrison ID	83833	Kootenai
5. Organized Under the Laws of: IDAHO W 50364		6.  Signature: _____ Name (type or print): MARJORIE ROSEWELL Title: Manager			
Issued 09/09/2010 by DK1					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM