

No. W 121094	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		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. HUCKLEBERRY THICKET LLC (THE) 12530 N KELLY RAE DR HAYDEN ID 83835 3430 E Seltice Way Post Falls, ID 83854		BONNIE STEARNS 12530 N KELLY RAE DR HAYDEN ID 83835 Marla Hedman 3430 E Seltice Way Post Falls, ID 83854																																			
			3. New Registered Agent Signature. <i>Marla J Hedman</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>Marla Hedman</td> <td>3430 E. Seltice Way</td> <td>Post Falls</td> <td>ID</td> <td></td> <td>83854</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Marla Hedman	3430 E. Seltice Way	Post Falls	ID		83854	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: IDAHO W 121094		6. Signature: <i>Marla J Hedman</i> Date: 8-30-16 Name (type or print): <u>Marla J Hedman</u> Title: <u>manager</u>																																				

Issued 08/30/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM