

No. W 121094		Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014			2. Registered Agent and Office (NOT A P.O. BOX) BONNIE STEARNS 12530 N KELLY RAE DR HAYDEN ID 83835 Marla Hedman 3430 E Seltice Way Post Falls, ID 83854		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		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			3. New Registered Agent Signature. <i>Marla J Hedman</i>		
REINSTATEMENT FEE DUE: \$30.00							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>		<i>Marla Hedman</i> 3430 E. Seltice Way Post Falls ID 83854					
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of: IDAHO W 121094		6. Signature: <i>Marla J Hedman</i> Name (type or print): <i>Marla J Hedman</i>					
		Date: 8-30-16 Title: manager					

Issued 08/30/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM