

No. W 118064		Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017																																							
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. NORTHERN LIGHTS GLOBAL MARKETING, LLC MICHAEL S ANDRUS 901 PIER VIEW DR STE 206 IDAHO FALLS ID 83402  1192 S. 52nd E Idaho Falls, ID 83401																																							
<b>REINSTATEMENT FEE DUE: \$30.00</b>		2. Registered Agent and Office (NOT A P.O. BOX) KORY WILSON 4676 WEIGEL CIRCLE IDAHO ID 83427  Scott Seedall 1192 S. 52nd E IDAHO FALLS, ID 83401																																							
		3. New Registered Agent Signature. 																																							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table> <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>Scott Seedall</td> <td>1192 S 52nd E</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> <td></td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kory Wilson</td> <td>4676 Weigel Circle</td> <td>Idaho</td> <td>ID</td> <td>83427</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"/>	Scott Seedall	1192 S 52nd E	Idaho Falls	ID	83401		Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kory Wilson	4676 Weigel Circle	Idaho	ID	83427		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Scott Seedall	1192 S 52nd E	Idaho Falls	ID	83401																																				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kory Wilson	4676 Weigel Circle	Idaho	ID	83427																																				
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																									
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																									
5. Organized Under the Laws of: IDAHO W 118064		6. Signature: <u>Kory Wilson</u> Date: <u>3/30/2018</u> Name (type or print): <u>Kory Wilson</u> Title: <u>Manager</u>																																							

**FILED**