


No. <b>W 65989</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/10/2010</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> MELISSA VALDOVINOS 921 E 19TH AVE POST FALLS ID 83854														
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  LEOPARD LATTES LLC MELISSA K VALDOVINOS 721 E 19TH AVE POST FALLS ID 83854		<b>3. New Registered Agent Signature.</b>														
	<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b> <table border="1"><thead><tr><th>Manager/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>MELISSA</td><td>VALDOVINOS</td><td>721 E 19TH AVE</td><td>POST FALLS</td><td>ID</td><td>USA</td><td>83854</td></tr></tbody></table>				Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code	MELISSA	VALDOVINOS	721 E 19TH AVE	POST FALLS	ID	USA
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code											
MELISSA	VALDOVINOS	721 E 19TH AVE	POST FALLS	ID	USA	83854											
<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 65989</b>	<b>6.</b>  <b>Signature:</b>  <b>Name (type or print):</b> MELISSA VALDOVINOS			<b>Date:</b> 4/1/2011 <b>Title:</b> member OWNER													
<b>Issued 12/16/2010 by CLH</b>																	