


No. <b>W 106803</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> PROVIDENT PROMISE VENTURES, LLC TAUSCHA C JOHANSON 2295 E HANDEL ST MERIDIAN ID 83646		MICHAEL P JOHANSON 2295 E HANDEL ST MERIDIAN ID 83646
<b>REINSTATEMENT FEE DUE: \$30.00</b>			3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tauscha Johanson	2295 E. Handel St.,	Meridian, ID USA 83646
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:		6.	
IDAHO W 106803		Signature:  Name (type or print): Tauscha C Johanson	Date: Jan 5, 2017 Title: President
Issued 01/05/2017 by online			

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**