No. W 112568	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015	2. Registered Agent and Office (NOT A P.O. BOX) LORRAINE CRAVEN
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Malling Address: Correct in this box if needed. LC ONLINE MARKETING, LLC LORRAINE CRAVEN 244 S PINE CT POST FALLS ID 83854 USA	244 S PINE CT POST FALLS ID 83854
REINSTATEMENT FEE DUE: \$30.00		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager or Member Name Street or PO Address City State Country Postal Code Manager Member CRAVEN Manager Member Manager Member Member Manager Member Member		
5. Organized Under the La IDAHO W 112568	Signature: ALABINE CRAVEN Signature: Name (type or print): LOTRAINE CRAVEN	Date: <u>878/21/2015</u> Title: MANAGER
Issued 06/21/2015 by online		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM