

No. W 166433	Reinstatement Annual Report Form ADMIN DISSOLVED 08/14/2017		2. Registered Agent and Office (NOT A P.O. BOX) LARRY R CRAWFORD 2377 W VALLI HI RD EAGLE ID 83616																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TWO MOMS AND A MOP LLC 11873 W GAMBRELL ST STAR ID 83669 <i>2377 W. Valli Hi Rd</i> <i>Eagle ID 83616</i>																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions. <table border="1"> <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>Katrina Jimerson</td> <td>11490 W Creekrapids Dr</td> <td>Star</td> <td>ID</td> <td>Ada</td> <td>83669</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jamee M Bell</td> <td>11873 W Gambrell St</td> <td>Star</td> <td>ID</td> <td>Ada</td> <td>83669</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Larry R Crawford</td> <td>2377 W Valli Hi Rd</td> <td>Eagle</td> <td>ID</td> <td>Ada</td> <td>83616</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"/>	Katrina Jimerson	11490 W Creekrapids Dr	Star	ID	Ada	83669	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jamee M Bell	11873 W Gambrell St	Star	ID	Ada	83669	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Larry R Crawford	2377 W Valli Hi Rd	Eagle	ID	Ada	83616	Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 166433		6. Signature: <u><i>Larry R Crawford</i></u> Name (type or print): <u>Larry R Crawford</u> Date: <u>8/29/17</u> Title: <u>Member</u>																																				

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