


No. <b>W 141290</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/17/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> TROY HOLT 255 ASH ST PONDERAY ID 83852																																				
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> MOUNTAIN ROOTS CLOTHING, LLC MICHAEL HUBBARD 255 ASH ST PONDERAY ID 83852																																						
<b>REINSTATEMENT FEE</b> <b>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.																																								
<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 checked="" type="checkbox"/></td><td>Michael Hubbard</td><td>283 camp bay</td><td>Sagle</td><td>ID</td><td>U.S.</td><td>83860</td></tr><tr><td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>John Roberts</td><td>357 Dove lane,</td><td>Sagle</td><td>ID.</td><td>U.S.</td><td>83860</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 checked="" type="checkbox"/>	Michael Hubbard	283 camp bay	Sagle	ID	U.S.	83860	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	John Roberts	357 Dove lane,	Sagle	ID.	U.S.	83860	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 141290</b>		6. Signature:  Name (type or print): <u>Michael Hubbard</u> Date: <u>01/21/16</u> Title: <u>owner</u>																																						
Issued 01/21/2016 by online																																								

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**