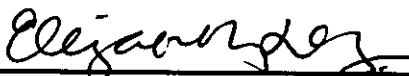
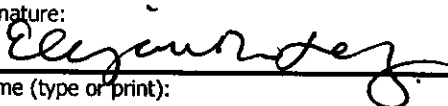
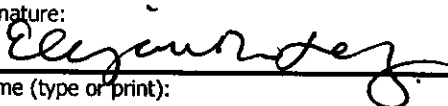
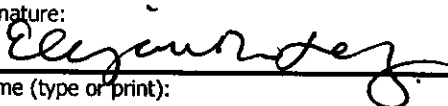


No. W 83509	Reinstatement Annual Report Form ADMIN DISSOLVED 07/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) ELIZABETH L WALTON <i>Elizabeth L. Long</i> 3336 N. LAKEHARBOR LANE <i>6043 W. Port Ln</i> 303 <i>#101</i> BOISE ID 83703 <i>Boise, ID 83703</i>																																			
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. MY BOOK AUTHOR, LLC ELIZABETH L WALTON <i>Elizabeth L. Long</i> 3336 N. LAKEHARBOR LANE <i>6043 W. Port Ln</i> 303 <i>#101</i> BOISE ID 83703 <i>Boise, ID 83703</i>		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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Elizabeth Long</i></td> <td><i>6043 W. Port Ln #101</i></td> <td><i>Boise</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83703</i></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> <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 type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Elizabeth Long</i>	<i>6043 W. Port Ln #101</i>	<i>Boise</i>	<i>ID</i>	<i>USA</i>	<i>83703</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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