


No. <b>W 70978</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012</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  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. DESIGN ADVANTAGE, LLC <del>1096 NORTH EASTLAND DRIVE</del> <del>SUITE 200</del> <del>TWIN FALLS ID 83301</del> P.O. Box 5871 TWIN FALLS, ID 83303-5871		TED THOROMAN <del>442 PIONEER PATH</del> <del>TWIN FALLS ID 83301</del> 3617 E 3975 N Kimberly, ID 83341																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			3. <u>New</u> Registered Agent Signature.																																			
<table border="1"> <thead> <tr> <th data-bbox="126 565 407 592">Manager or Member</th> <th data-bbox="407 565 630 592">Name</th> <th data-bbox="630 565 938 592">Street or PO Address</th> <th data-bbox="938 565 1024 592">City</th> <th data-bbox="1024 565 1110 592">State</th> <th data-bbox="1110 565 1213 592">Country</th> <th data-bbox="1213 565 1315 592">Postal Code</th> </tr> </thead> <tbody> <tr> <td data-bbox="126 615 407 646">Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td data-bbox="407 615 630 646">TED THOROMAN,</td> <td data-bbox="630 615 938 646">P.O. Box 5871</td> <td data-bbox="938 615 1024 646">TWIN FALLS,</td> <td data-bbox="1024 615 1110 646">ID,</td> <td data-bbox="1110 615 1213 646">TWIN FALLS</td> <td data-bbox="1213 615 1315 646">83303 → 5871</td> </tr> <tr> <td data-bbox="126 686 407 717">Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td data-bbox="407 686 630 717">CARRIE L. THOROMAN</td> <td data-bbox="630 686 938 717">"</td> <td data-bbox="938 686 1024 717">"</td> <td data-bbox="1024 686 1110 717">"</td> <td data-bbox="1110 686 1213 717">"</td> <td data-bbox="1213 686 1315 717">"</td> </tr> <tr> <td data-bbox="126 758 407 788">Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="126 829 407 860">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"/>	TED THOROMAN,	P.O. Box 5871	TWIN FALLS,	ID,	TWIN FALLS	83303 → 5871	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	CARRIE L. THOROMAN	"	"	"	"	"	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	TED THOROMAN,	P.O. Box 5871	TWIN FALLS,	ID,	TWIN FALLS	83303 → 5871																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	CARRIE L. THOROMAN	"	"	"	"	"																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <b>IDAHO W 70978</b>	6. Signature:  Name (type or print): <b>TED THOROMAN</b>		Date: <b>7-24-15</b> Title: <b>OWNER</b>																																			

Issued 07/24/2015 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**