


No. W 55459	Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) CHIZETTE PARLOR 1819 CAMELOT DR BOISE ID 83704 1200 E. Carter St 83706																																			
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. RESTORER OF BROKEN WALLS L.L.C. PO BOX 44514 1200 E. Carter St BOISE ID 83704 83706		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>Chizette Parlor</td> <td>1200 E Carter St</td> <td>Boise</td> <td>Id</td> <td></td> <td>83706</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" 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"/>	Chizette Parlor	1200 E Carter St	Boise	Id		83706	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>							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: IDAHO W 55459		6. Signature:  Name (type or print): Chizette Parlor Date: 7/15/15 Title:																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM