



No. W 104765	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) <i>Desiree Steinbroner</i> RYAN STEINBRONER 2120 WOODLAWN AVE <i>4461 Sage Creek Dr.</i> BOISE ID 83702 <i>Boise, ID 83714</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. DESIREE LLC DESIREE STEINBRONER 2120 WOODLAWN AVE BOISE ID 83702		*3. New Registered Agent Signature. 
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Desiree Steinbroner 4461 Sage Creek Dr Boise, ID USA 83714</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"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 104765 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>Desiree Steinbroner</u> </div> <div style="width: 35%;"> Date: <u>5.29.15</u> Title: <u>Member</u> </div> </div>	
Issued 05/28/2015 by SLD			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM