

No. W 62799 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM L SHELDON 4826 W FOOTHILL DR COEUR D'ALENE ID 83814																																			
	1. Mailing Address: Correct in this box if needed. HIDDEN FALLS LLC WILLIAM L SHELDON 4826 W FOOTHILL DR COEUR D ALENE ID 83814		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☒</td> <td>~~William Sheldon~~ William Sheldon</td> <td>~~4826 W FOOTHILL DR~~ 4826 W FOOTHILL DR</td> <td>COEUR D'ALENE</td> <td>ID</td> <td></td> <td>83814</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☒	~~William Sheldon~~ William Sheldon	~~4826 W FOOTHILL DR~~ 4826 W FOOTHILL DR	COEUR D'ALENE	ID		83814	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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Issued 09/05/2013 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

SCANNED

MAY 23 2014