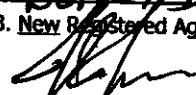
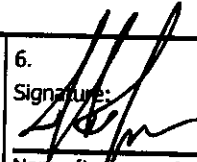


No. W 85713	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) ED D JAMESON 9120 N FIELDSTONE DR HAYDEN ID 83835 John R. Jameson 9962 W. Meadowlark St. Boise, ID 83704																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JAMESON LAW, PLLC 2929 W BEACON LIGHT RD EAGLE ID 83616 9962 W. Meadowlark St. Boise, ID 83704		3. <u>New</u> Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers or Members. See Instructions.																																						
<table border="1" 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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>John R. Jameson</td> <td>9962 W. Meadowlark St.</td> <td>Boise</td> <td>ID</td> <td></td> <td>83704</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"/>	John R. Jameson	9962 W. Meadowlark St.	Boise	ID		83704	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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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 85713 </div>		6. Signature:  <hr/> Name (type or print): John R. Jameson																																				
		Date: 1/6/2014 <hr/> Title: Member																																				

Issued 12/30/2013 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM