

No. W 101639		Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) MONICA QUINOWSKI 5980 CAMAS LN BOISE ID 83705 <i>Michael William Beumeler</i> <i>4151 W. Quail Hill</i> <i>Boise ID 83703</i>	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. 1705 LLC 5980 CAMAS LN BOISE ID 83705 <i>4151 W. Quail Hill</i> <i>83703</i>		3. New Registered Agent Signature. <i>Michael William Beumeler</i>	
REINSTATEMENT FEE DUE: \$30.00					
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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>		Michael William Beumeler		4151 W. Quail Hill Boise ID ADA 83703	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Monica Beumeler		4151 W. Quail Hill Ct. Boise, ID 83703	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 101639		Signature: <i>Monica Beumeler</i>		Date: <i>3-15-13</i>	
		Name (type or print): <i>Monica Beumeler</i>		Title:	
Issued 03/15/2013 by JL1					

INSTRUCTIONS FOR FILLING IN ANSWER SECTION