

| No. W 94881 | Reinstatement Annual Report Form ADMIN DISSOLVED 10/11/2013 | | 2. Registered Agent and Office (NOT A P.O. BOX) LEIGH MIRE 1585 SPADES RD SAGLE ID 83860 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------------------|--|---------------------------------|----------------------|--|-----------------------|-------|---------|-------------|---|---------------|----------------|----------|-----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. MIRE BUSINESS SERVICES, LLC LEIGH MIRE 1585 SPADES RD SAGLE ID 83860 USA | | 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="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Leigh S. Mire</td> <td>1585 Spades Rd</td> <td>Sagle ID</td> <td>USA</td> <td></td> <td>83860</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 checked="" type="checkbox"/> Member <input type="checkbox"/> | Leigh S. Mire | 1585 Spades Rd | Sagle ID | USA | | 83860 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Leigh S. Mire | 1585 Spades Rd | Sagle ID | USA | | 83860 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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-size: 1.2em;"> IDAHO W 94881 </div> | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <u>Leigh S. Mire</u> </td> <td style="width: 30%;"> Date: <u>2-23-14</u> </td> </tr> <tr> <td> Name (type or print): <u>Leigh S. Mire</u> </td> <td> Title: <u>2-23-14</u> </td> </tr> </table> | | | Signature: <u>Leigh S. Mire</u> | Date: <u>2-23-14</u> | Name (type or print): <u>Leigh S. Mire</u> | Title: <u>2-23-14</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: <u>Leigh S. Mire</u> | Date: <u>2-23-14</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (type or print): <u>Leigh S. Mire</u> | Title: <u>2-23-14</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Issued 01/16/2014 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM