Fax Server

FEB U 9 2011

No. W 86818 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REEINSTATEMENT PER DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010 1. Mailing Address: Correct in this box if needed. CHANGE INSTITUTE LLC RELAKSTATESOS BOISE XIXXIII 1222 1770 W. State Street, #222 Boise, ID 83702	2. Registered Agent and Office (NOT A P.O. BOX) GIVENS PURSIEY, GIVENS PURSLEY CORPORATE SERVI 601 W BANNOCK ST BOISE ID 83702 3. New Registered Agent Signature.
Musuger/Member Nex	and the control of th	City State Country Postal Code
Member SC	Lamm & Associates, Inc., 1770 W. State Street, #2	101, Bolse, ID 83702
5. Organized Under the Law	Standard of Land	Date 13 20 In
IDAHO W 86818	Scott Lamm/President of S Name (type or print): SC Lamm & Associates	Date: 12-20-10 SC Lamm & Associates, Inc. s, Inc., its Member
Torued 12/20/2010 by CLH		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Ellack 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it cut and write in the correct address. Note: To ensure future mellings, the corrected address would be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Nature The office of the registered agent must be at a street address in Idaho; not a Past Office Box or Personal Mail Box.

Black 3: Only a many registered agent must sign in Black 3.

Block 4: Enter names and business addresses of managers or members of the limited liability company. State: <u>De set</u> put "serne as lest year" or "name as above". These will not be accepted.

Block S: May not be altered through the use of this form.

Black &: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.