

No. W 45169 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 03/07/2013	2. Registered Agent and Office (NOT A P.O. BOX) MELANIE VAUGHAN 120 MOUNTAIN VIEW DR MCCAMMON ID 83250				
	1. Mailing Address: Correct in this box if needed. WORK SMART LLC. MELANIE VAUGHAN PO BOX 174 MCCAMMON ID 83250	3. <u>New</u> Registered Agent Signature.				
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 type="checkbox"/> Member <input checked="" type="checkbox"/> <u>Melanie Vaughan P.O. Box 174</u> <u>Mccammon</u> <u>ID</u> <u>Bannock</u> <u>83250</u>						
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-weight: bold; font-size: large;"> IDAHO W 45169 </div>	6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Signature: <u>Melanie Vaughan</u></td> <td style="width: 40%;">Date: <u>3.23.2013</u></td> </tr> <tr> <td>Name (type or print): <u>Melanie Vaughan</u></td> <td>Title: <u>3.23.2013</u></td> </tr> </table>		Signature: <u>Melanie Vaughan</u>	Date: <u>3.23.2013</u>	Name (type or print): <u>Melanie Vaughan</u>	Title: <u>3.23.2013</u>
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Issued 03/19/2013 by SLD						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM