| No. J 1729 | Reinstatement Annual Report Form<br>LLP REVOKED 07/08/2010 | 2. Registered Agent and Office (NOT A P.O. BOX)<br>BENJAMIN MANWARING<br>3399 S HOLMES AVE<br>IDAHO FALLS ID 83404 |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed.<br>SCION COMPUTER SYSTEMS LLP<br>3399 S HOLMES AVE<br>IDAHO FALLS ID 83404 | 3. New Registered Agent Signature. |
| REINSTATEMENT<br>FEE DUE: $30.00 | | |

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| PARTNER | JASON MANWARING | 124 WEST WOOD HAVEN LN | IDAHO FALLS | ID | BONNEVILLE | 83404 |
| PARTNER | BENJAMIN MANWARING | 535 S. ADAM LN | IDAHO FALLS | ID | BONNEVILLE | 83401 |

| 5. Organized Under the Laws of: | 6. |
|---|---|
| IDAHO<br>J 1729 | Signature: [signature] Date: 08/03/10<br>Name (type or print): BENJAMIN MANWARING Title: PARTNER |

Issued 08/03/2010 by KAH

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the