


No. <b>W 47552</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/09/2012</b>		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT L DROZDA 2537 W STATE ST STE 140 BOISE ID 83702-2200	
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. WINDVESTMENTS, LLC ROBERT L DROZDA 2537 W STATE ST STE 140 BOISE ID 83702-2200		3. New Registered Agent Signature.	
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 type="checkbox"/> Member <input checked="" type="checkbox"/>		Jared Grover	1318 Toppling	Live Oak	TX USA 78233
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:		6.			
IDAHO W 47552		Signature: 		Date: 6/12/2012	
		Name (type or print): Jared Grover		Title: Managing Member	
Issued 06/12/2012 by LLC					

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**