


<b>No. W 58216</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/14/2014</b>	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> PETER ASHWIN 1414 N 16TH ST BOISE ID 83702
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> EXELAR CONSULTING LLC PETER ASHWIN 1414 N16TH ST BOISE ID 83702 USA	<b>3. New Registered Agent Signature.</b>

**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 checked="" type="checkbox"/> Member <input type="checkbox"/>	PETER ASHWIN	1414 N 16TH ST	BOISE	ID		83702
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

<b>5. Organized Under the Laws of:</b>  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 58216</b> </div>	<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signature:</b>   <b>Name (type or print):</b> PETER ASHWIN         </div> <div style="width: 35%;"> <b>Date:</b> 12/14/2014  <b>Title:</b> Manager         </div> </div>
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Issued 12/14/2014 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM