

No. <b>W 111251</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/26/2015</b>		2. Registered Agent and Office (NOT A P.O. BOX) MATTHEW R LURKER SR <del>329 RODNEY DR.</del> <del>REXBURG ID 83440</del> <div style="text-align: center; margin-top: 10px;"> <i>23 E Front St.</i>  <i>Sugar City, ID 83448</i> </div>			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. NATIONAL PROTECTIVE SERVICES, L.L.C. MATTHEW R LURKER <del>329 RODNEY DR.</del> REXBURG ID 83440 <div style="text-align: center; margin-top: 20px;">   <b>343 E 4th N, STE 235</b> </div>					
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 checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Matthew Lurker</i>	<i>23 E Front St.</i>	<i>Sugar City</i>	<i>ID</i>		<i>83448</i>
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; margin-top: 20px;"> <b>IDAHO</b>  <b>W 111251</b> </div>		6. Signature: <div style="text-align: center; margin-top: 10px;"> </div> Date: <i>12/15/15</i> <hr/> Name (type or print): <i>Matthew R. Lurker Sr.</i> <hr/> Title: <i>CEO</i>				

Issued 12/15/2015 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM