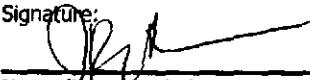


No. W 105185	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JEREMY BULOTTI 340 MOTHER LODE LOOP HAILEY ID 83333			
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  BULOTTI SERVICES LLC PO BOX 1633 HAILEY ID 83333	3. New Registered Agent Signature.				
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Jeremy Bulotti 340 Motherlode Hailey ID Blcne 83333					
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 105185		<p>Signature: </p> <p>Name (type or print): <u>Jeremy Bulotti</u></p>				
		<p>Date: <u>6-30-14</u></p> <p>Title: <u>Owner/Member</u></p>				