No. W 41849	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012	2. Registered Agent and Office **(NOT A P.O. BOX)**
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.** E.A.M. LLC ~~6403 ARLINGTON DR~~ ~~BOISE ID 83709~~ 7400 W State St Boise ID 83714	CELESTE MELENDEZ ~~6403 ARLINGTON DR~~ ~~BOISE ID 83709~~ 7242 N Gary Ln Boise, ID 83714
REINSTATEMENT FEE DUE: $30.00		3. New 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 ☒ Member ☐	Erick melendez	7242 N Gary Ln	Boise	ID		83714
Manager ☒ Member ☐	Celeste Melendez	7242 N Gary Ln	Boise			83714
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 41849	Signature: [signature] Date: 11/27/12 Name (type or print): Celeste Melendez Title: Mgr

Issued 11/27/2012 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM