No. W 144973	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016	2. Registered Agent and Office (NOT A P.O. BOX) UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Malling Address: Correct in this box if needed. LIFE RECOVERY SOLUTIONS, LLC 2900 N GOVERNMENT WAY # 261 COEUR D ALANE ID 83815	
REINSTATEMENT FEE DUE: \$30.00		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 Member GAIL STEURNSON 2900 N GOVY NAY, Coeurd Alene, ID USA 83815 # 261 Manager Member Ed WARD STEURNSON 2900 N GOVY WAY, Coeurd Akene, ID USA 83815 Manager Member Member Member		
5. Organized Under the La IDAHO W 144973	Name (type or print): GAIL K STEVENSON	Date: 4/28/17 Title: OWNER
Issued 04/21/2017 by online		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM