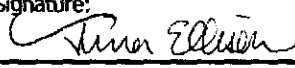


No. W 107724	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) MARK A ELLISON 205 N 10TH ST 4TH FLOOR BOISE ID 83701																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TINA ELLISON MD, PLLC TINA ELLISON 4854 BRONZE SPUR DRIVE NAMPA ID 83687																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>TINA ELLISON</td> <td>4854 BRONZE SPUR DR</td> <td>NAMPA</td> <td>ID</td> <td>USA</td> <td>83687</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TINA ELLISON	4854 BRONZE SPUR DR	NAMPA	ID	USA	83687	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 107724		6. Signature: <u></u> Date: <u>5/21/2014</u> Name (type or print): <u>TINA ELLISON</u> Title: <u>MEMBER</u>																																				

Issued 05/21/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM