

No. <b>W 93999</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/23/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> HOLLY N HATTAN 24811 LEMP LN PARMA ID 83660																																			
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. <b>Mailing Address: Correct in this box if needed.</b> AGGREGATE CONSULTING SERVICES, LLC HOLLY N HATTAN 24811 LEMP LN PARMA ID 83660																																					
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Holly Hattan</td> <td>24811 LEMP LN</td> <td>PARMA</td> <td>ID</td> <td>USA</td> <td>83660</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Holly Hattan	24811 LEMP LN	PARMA	ID	USA	83660	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:  <b>IDAHO</b> <b>W 93999</b>	6. Signature: <u>Holly N. Hattan</u> Name (type or print): <u>Holly N. Hattan</u> Date: <u>4/14/2015</u> Title: <u>Manager/Pres.</u>																																					

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# INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM