


No. W 108176	Reinstatement Annual Report Form ADMIN DISSOLVED 02/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) LIVVY ALBIZO 1805 BLAINE ST CALDWELL ID 83605
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. OLIVE TREE RECOVERY SYSTEMS, LLC 17767 MONARCH WAY NAMPA ID 83687		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 <input checked="" type="checkbox"/> Member <input type="checkbox"/> LIVVY ALBIZO 17767 MONARCH WAY 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"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 108176 </div>		6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>LIVVY ALBIZO</u> </div> <div style="width: 35%;"> Date: <u>4/15/13</u> Title: <u>OWNER/DIRECTOR</u> </div> </div>	
Issued 04/15/2013 by LJC			