

No. <b>W 122611</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/12/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ABRAHAM SHIPPY 2380 LOWER POND LANE HOMEDALE ID 83628
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> PIVOT SPECIALISTS, LLC ABRAHAM SHIPPY 2380 LOWER POND LANE HOMEDALE ID 83628		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"/>	Abe Shippy 2380 Lower Pond Ln. Homedale Idaho 83628		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Debert Shippy 19921 Upper Pleasant ridge rd Caldwell ID 83605		
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: 1.2em;">             IDAHO              W 122611           </div>		6. Signature: <u>Abe Shippy</u> Date: <u>7-6-15</u> Name (type or print): <u>Abe Shippy</u> Title: <u>Manager</u>	
Issued 06/23/2015 by JL1			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM