

No. W 58216		Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX) PETER ABHWIN 2004 N 19TH ST BOISE ID 83702		
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  EXELAR CONSULTING LLC  2004 N 19TH ST BOISE ID 83702		3. New Registered Agent Signature.  1810 W. state st Suite 209 Boise ID 83702		
REINSTATEMENT FEE DUE: \$30.00		4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Address City State Country Postal Code				
Manager Partner Peter ABHWIN AS ABOVE						
Manager Partner Renée Kline AS ABOVE.						
5. Organized Under the Laws of:  IDAHO W 58216		6. Signature: <u>Peter ABHWIN</u> Date: 21/7/2010 Name (type or print): <u>PETER ABHWIN</u> Title: Manager				
Issued 07/21/2010 by CLH						

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.