

No. W 58216	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX)	
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.  EXELAR CONSULTING LLC  <del>2004 N 19TH ST</del> <del>BOISE ID 83702</del> 1810 W. state st suite 209 BOISE ID 83702		PETER ABHWIN <i>AS HWIN</i> 2004 N 19TH ST BOISE ID 83702  3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
<i>Manager/Partner</i>	<i>PETER ABHWIN</i>	<i>AS ABOVE</i>		
<i>Manager/Partner</i>	<i>Renee Kline</i>	<i>AS ABOVE.</i>		
5. Organized Under the Laws of:  IDAHO W 58216		6. Signature: <i>Peter Abhwin</i> Date: <i>2/7/2010</i> Name (type or print): <i>PETER ABHWIN</i> Title: <i>Manager</i>		
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.