

No. <b>W 116176</b>	Reinstatement Annual Report Form <b>ADMIN DISSOLVED 12/01/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JERAMY TODD SPAULDING 4261 E. NIBLEY CIR IDAHO FALLS ID 83401																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> CNS VENTURES LLC JERAMY TODD SPAULDING 2291 E 17TH ST IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JERAMY T. SPAULDING</td> <td>4261 E Nibley Cir.</td> <td>Idaho Falls,</td> <td>ID</td> <td>USA</td> <td>83401</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sara J. Spaulding</td> <td>4261 E Nibley Cir</td> <td>Idaho Falls,</td> <td>ID</td> <td>USA</td> <td>83401</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>David A. Cousin</td> <td>960 Terry Dr.</td> <td>Idaho Falls,</td> <td>ID</td> <td>USA</td> <td>83404</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jeanette Cousin</td> <td>960 Terry Dr.</td> <td>Idaho Falls,</td> <td>ID</td> <td>USA</td> <td>83404</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JERAMY T. SPAULDING	4261 E Nibley Cir.	Idaho Falls,	ID	USA	83401	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sara J. Spaulding	4261 E Nibley Cir	Idaho Falls,	ID	USA	83401	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	David A. Cousin	960 Terry Dr.	Idaho Falls,	ID	USA	83404	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jeanette Cousin	960 Terry Dr.	Idaho Falls,	ID	USA	83404
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5. Organized Under the Laws of:  <b>IDAHO W 116176</b>	6. Signature: <u>J. Todd Spaulding</u> Name (type or print): <u>J. Todd Spaulding</u> Date: <u>12/7/14</u> Title: <u>Manager/member.</u>																																					
Issued 12/07/2014 by online																																						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing 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.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.