

No. W 114304	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) REBECCA M CARROLL 866 S SPOKANE ST POST FALLS ID 83854
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. RURAL EDUCATIONAL SERVICES, LLC REBECCA M CARROLL 302 E 4TH AVE <u>1202 S Michigan Ave</u> POST FALLS ID 83854 <u>Boise, ID</u> <u>83706</u>		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"/> <u>Rebecca Carroll</u> <u>1202 S Michigan Ave</u> <u>Boise</u> <u>ID</u> <u>US</u> <u>83706</u>			
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;"> IDAHO W 114304 </div>		6. Signature: <u>Rebecca M Carroll</u> Name (type or print): <u>Rebecca M Carroll</u> Date: <u>9 5 2013</u> Title: <u>Manager</u>	
Issued 08/28/2013 by DK1			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM