

No. W 114304	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013				2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>	
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. RURAL EDUCATIONAL SERVICES, LLC REBECCA M CARROLL <del>302 E 4TH AVE</del> 1202 S Michigan Ave <del>POST FALLS ID 83854</del> Boise, ID 83706				REBECCA M CARROLL 866 S SPOKANE ST POST FALLS ID 83854	
REINSTATEMENT FEE DUE: \$30.00					3. New 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"/>	Rebecca Carroll 1202 S Michigan Ave Boise ID US 83706					
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:  IDAHO W 114304		6. Signature: <u>Rebecca M Carroll</u> Date: <u>9/5/2013</u>				
		Name (type or print): <u>Rebecca M Carroll</u> Title: <u>Manager</u>				

Issued 08/28/2013 by DK1

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM