

No. W 89193	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012		2. Registered Agent and Office (NOT A P.O. BOX) MATHEW BECKER 120 LINE ST MOSCOW ID 83643	
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. 502 S. ASBURY STREET LLC MIKE OSTERHOLZ 120 LINE ST MOSCOW ID 83643 USA		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Matthew Becker	P.O. Box 8567	Moscow	ID	USA	83843
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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; padding: 10px;"> IDAHO W 89193 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: </td> <td style="width: 30%;">Date: <u>04/01/12</u></td> </tr> <tr> <td>Name (type or print): <u>Matthew Becker</u></td> <td>Title: <u>Member</u></td> </tr> </table>	Signature:	Date: <u>04/01/12</u>	Name (type or print): <u>Matthew Becker</u>	Title: <u>Member</u>
Signature:	Date: <u>04/01/12</u>				
Name (type or print): <u>Matthew Becker</u>	Title: <u>Member</u>				

Issued 03/29/2012 by CLH