

No. <b>W 80363</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ROBERT A BUSHNELL JR 110 W MAIN ST BOISE ID 83702																																			
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> RESTAURANT SOLUTIONS, LLC. ROBERT A BUSHNELL JR 110 W MAIN ST BOISE ID 83702		3. <b>New</b> Registered Agent Signature.																																			
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 5%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Robert Bushnell</td> <td>110 Main</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83702</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input type="checkbox"/>	Robert Bushnell	110 Main	Boise	ID	USA	83702	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center;"><b>IDAHO W 80363</b></div>	6. Signature: <u><i>Robert A Bushnell, Jr.</i></u> Date: <u>5/14/15</u> Name (type or print): <u>Robert A Bushnell, Jr.</u> Title: <u>Pres.</u>																																					

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**