


# REINSTATEMENT FILED EFFECTIVE

<b>No. W 31982</b> Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 <b>FEE DUE \$30.00</b>	<b>Annual Report Form</b> <b>ADMIN DISSOLVED 10/10/2006</b> 1. Mailing Address - Correct in this box, if applicable RESEARCH SOURCE, LLC TIMOTHY P WILLIAMS 531 S FITNESS PL EAGLE, ID 83616	2. Registered Agent and Office <b>NOT A P.O. BOX</b> TIMOTHY P WILLIAMS 531 S FITNESS PL EAGLE, ID 83616 3. New registered agent signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors . Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>manager/ member</td> <td>Timothy P. Williams</td> <td>531 S. Fitness Pl.</td> <td>Eagle</td> <td>Id.</td> <td>83616</td> </tr> <tr> <td>Manager/ Member</td> <td>Mark Rodeghiero</td> <td>531 S. Fitness Pl.</td> <td>Eagle</td> <td>Id.</td> <td>83616</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	manager/ member	Timothy P. Williams	531 S. Fitness Pl.	Eagle	Id.	83616	Manager/ Member	Mark Rodeghiero	531 S. Fitness Pl.	Eagle	Id.	83616
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5. Organized under the laws of: IDAHO W 31982	6. Signature  Name (Typed or Printed) <u>Timothy P. Williams</u> Title <u>Member</u> Date <u>10-23-06</u>																			

Issued 10/19/2006 by SLD