


No. W 92383 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011 1. Mailing Address: Correct in this box if needed. UNIVERSITY CITY INSURANCE, LLC PO BOX 8567 MOSCOW ID 83871	2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL OSTERHOLZ 510 CHESTNUT TROY ID 83871 3. <u>New</u> Registered Agent Signature.
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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"/>	Michael Osterholz	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 92383 </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <u>Michael Osterholz</u> </div> <div style="width: 35%; text-align: right;"> Date: <u>04/01/12</u> <hr/> Title: <u>Member</u> <u>04/01/12</u> </div> </div>
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