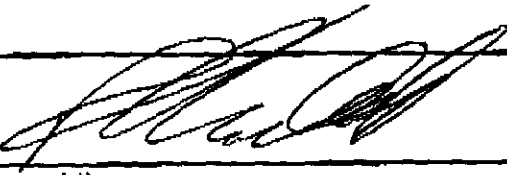


W 5503

**FILED EFFECTIVE** Page 1 of 3

No. <b>W 5503</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/07/2007</b>		2. Registered Agent and Office (NOT A P.O. BOX) <b>RONNIE S ARNOLD</b> <b>147 N 2ND E #1</b> <b>REXBURG ID 83440</b> <b>21 N. PINE AVE</b> <b>SUGAR CITY, ID 83448</b>																																			
Return to: <b>SECRETARY OF STATE</b> <b>450 N 4th STREET</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. <b>EMPRO PERSONNEL, LLC</b> <b>RONNIE S ARNOLD</b> <b>147 N 2ND E #1</b> <b>REXBURG ID 83440</b> <b>21 N. PINE AVE</b> <b>SUGAR CITY, ID 83448</b>		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><b>RONNIE S. ARNOLD</b></td> <td><b>21 N. PINE AVE</b></td> <td><b>SUGAR CITY</b></td> <td><b>ID</b></td> <td><b>USA</b></td> <td><b>83448</b></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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	<b>RONNIE S. ARNOLD</b>	<b>21 N. PINE AVE</b>	<b>SUGAR CITY</b>	<b>ID</b>	<b>USA</b>	<b>83448</b>	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:  <b>IDAHO</b> <b>W 5503</b>	6. Signature:  Date: <b>3-10-15</b> Name (type or print): <b>RON ARNOLD</b> Title: <b>MBR/MBR</b>																																					

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