

No. W 10246	Reinstatement Annual Report Form ADMIN DISSOLVED 02/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) BART JAMES WARD 517 LINDEN AVE REXBURG ID 83440																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SUMMIT INVESTMENT, L.L.C. PO BOX 786 REXBURG ID 83440		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Bart Ward</td> <td>517 Linden Ave.</td> <td>Rexburg</td> <td>ID</td> <td></td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brenda Ward</td> <td>517 Linden Ave.</td> <td>Rexburg</td> <td>ID</td> <td></td> <td>83440</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 checked="" type="checkbox"/>	Bart Ward	517 Linden Ave.	Rexburg	ID		83440	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brenda Ward	517 Linden Ave.	Rexburg	ID		83440	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: IDAHO W 10246	6. Signature:  Name (type or print): Bart Ward		Date: 3/25/14 Title: 3/25/14																																			
Issued 03/25/2014 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM