


No. W 74234	Reinstatement Annual Report Form ADMIN DISSOLVED 08/10/2011		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS T MITCHAM 4642 W SHAFER MEADOW LN BOISE ID 83714																																			
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. ADVANCED DESIGN GROUP LC 1770 W STATE ST #194 BOISE ID 83702 1775		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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Thomas T Mitcham</td> <td>1775 W State St #194</td> <td>Boise</td> <td>ID</td> <td>Ada</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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Thomas T Mitcham	1775 W State St #194	Boise	ID	Ada	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: IDAHO W 74234		6. Signature:  Date: <u>12/19/12</u> Name (type or print): <u>Thomas T Mitcham</u> Title: <u>Manager/Member</u>																																				
Issued 12/19/2012 by LJC																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the