


No. W 116376	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) ANNA BABICHENKO 1116 S VISTA AVE #305 BOISE ID 83705 5226 N. ROTHMAN'S AVE Boise ID 83713
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. DROID MASTERZ LLC 1116 S VISTA AVE #305 BOISE ID 83705 5226 N. ROTHMAN'S AVE BOISE ID 83713		3. <u>New</u> Registered Agent Signature.
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 checked="" type="checkbox"/> Member <input type="checkbox"/>	ANNA	5226 N. ROTHMAN'S AVE	BOISE ID 83713
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MIKHAIL	"	" " " "
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; font-size: 1.2em;"> IDAHO W 116376 </div>		6. Signature:  <hr/> Name (type or print): <u>MIKHAIL IYERUSALIMETS</u> <div style="float: right; text-align: right;"> Date: <u>11/6/15</u> Title: _____ </div>	

Issued 11/06/2015 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM