





No. <b>W 25496</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012</b>  <b>1. Mailing Address: Correct in this box if needed.</b> TRIARC HEALTHCARE SOLUTIONS & CONSULTING LLC <del>DEBI</del> <b>DAVID DRAKE</b> 6310 BUTTE ST BOISE ID 83704	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> <del>DEBORAH DRAKE</del> <b>DAVID DRAKE</b> 6310 BUTTE BOISE ID 83602  <b>3. <u>New</u> Registered Agent Signature.</b> 																				
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																						
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">           Manager <input checked="" 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"/> </td> <td style="width: 85%;"> <table border="0" style="width: 100%;"> <tr> <td style="width: 35%;"><b>David Drake</b></td> <td style="width: 25%;"><b>6310 Butte</b></td> <td style="width: 15%;"><b>Boise</b></td> <td style="width: 10%;"><b>ID</b></td> <td style="width: 10%;"><del>IDA</del> <b>USA</b></td> <td style="width: 5%;"></td> <td style="width: 10%;"><b>83704</b></td> </tr> </table> </td> </tr> </table>						Manager <input checked="" 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"/>	<table border="0" style="width: 100%;"> <tr> <td style="width: 35%;"><b>David Drake</b></td> <td style="width: 25%;"><b>6310 Butte</b></td> <td style="width: 15%;"><b>Boise</b></td> <td style="width: 10%;"><b>ID</b></td> <td style="width: 10%;"><del>IDA</del> <b>USA</b></td> <td style="width: 5%;"></td> <td style="width: 10%;"><b>83704</b></td> </tr> </table>	<b>David Drake</b>	<b>6310 Butte</b>	<b>Boise</b>	<b>ID</b>	<del>IDA</del> <b>USA</b>		<b>83704</b>
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">IDAHO W 25496</div>		<b>6.</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">           Signature:  </td> <td style="width: 30%;">           Date: <b>1-27-15</b> </td> </tr> <tr> <td>           Name (type or print): <b>David Drake</b> </td> <td>           Title: <b>1-27-15</b> </td> </tr> </table>						Signature: 	Date: <b>1-27-15</b>	Name (type or print): <b>David Drake</b>	Title: <b>1-27-15</b>											
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM