No. W 22275	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010	2. Registered Agent and Office **(NOT A P.O. BOX)** BRIAN LYLE HERMAN 1514 WESTLAND AVE IDAHO FALLS ID 83402
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.** BRIAN'S SPECIALTY SERVICES, L.L.C. BRIAN L HERMAN PO BOX 52161 IDAHO FALLS ID 83405-2161 USA	3. New Registered Agent Signature.
REINSTATEMENT **FEE DUE:** $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
OWNER	BRIAN LYLE HERMAN	1514 WESTLAND AVE.	IDAHO FALLS	ID	USA	83402

5. Organized Under the Laws of:	6.
IDAHO W 22275	Signature: Brian Lyle Herman Date: 26JUN10 Name (type or print): BRIAN LYLE HERMAN Title: OWNER

Issued 06/18/2010 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM