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| No. <b>W 4315</b>   | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 10/04/2012</b>   |  | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br><br>TROY OLSON<br>HC 62 BOX 2295<br>MAY ID 83753 |
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>         | 1. <b>Mailing Address: Correct in this box if needed.</b><br><br>CIRCLE PI, L.L.C.<br>HC 62 BOX 2295<br>MAY ID 83253 |  | 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 checked="" type="checkbox"/> <b>BEN YATES</b> 19730 BLACK RD LOS Gatos Ca USA 95033               |  |  |   |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <b>CHRISTHER YATES</b> 8125 Morningside Dr. Granite Bay Ca 95746                |  |  |   |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <b>Craig Yates</b> 13280 Pala Mesa Cnt Redding Ca 96003                         |  |  |   |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |  |   |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO<br/>W 4315           </div> |  | 6. Signature: <u><i>BH Yates</i></u> Date: <u>3/25/13</u><br><hr/> Name (type or print): <u>BEN H. YATES</u> Title: <u>Managing Member</u> |   |

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