

No. <b>W 93604</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/10/2011</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) <b>ROGER MILES HURLEY</b> 6265 N 5TH W IDAHO FALLS ID 83401
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  IT SOLUTIONS OF IDAHO LLC  1579 HALSEY ST IDAHO FALLS ID 83401		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 Member (circle one)						
<u>Manager</u>	Justin Miles Hurley	1579 Halsey St.	Idaho Falls	ID	Bonneville	83401
<u>Manager</u>	Roger Miles Hurley	6265 N 5th W.	Idaho Falls	ID	Bonneville	83401

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 93604</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u>Roger Miles Hurley</u></td> <td style="width: 30%;">Date: <u>8/25/11</u></td> </tr> <tr> <td>Name (type or print): <u>Roger Miles Hurley</u></td> <td>Title: <u>Manager</u></td> </tr> </table>	Signature: <u>Roger Miles Hurley</u>	Date: <u>8/25/11</u>	Name (type or print): <u>Roger Miles Hurley</u>	Title: <u>Manager</u>
Signature: <u>Roger Miles Hurley</u>	Date: <u>8/25/11</u>				
Name (type or print): <u>Roger Miles Hurley</u>	Title: <u>Manager</u>				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.

**Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

~~Block 2: Registered Agent and Office. If the correct information is not given in Block 2, strike the incorrect information and write in the correct information.~~ **Note:** The office of the