

<p>No. W 100646</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014</p>																																				
	<p>1. Mailing Address: Correct in this box if needed.</p> <p>INTERNATIONAL CONNECTION LLC SVITLANA MILLER 3340 MERLIN DR. SUITE 100 IDAHO FALLS ID 83404</p>																																				
	<p>2. Registered Agent and Office (NOT A P.O. BOX)</p> <p>SVITLANA MILLER 3340 MERLIN DR SUITE 100 INTERNATIONAL CONNECTION IDAHO FALLS ID 83404</p>																																				
	<p>3. New Registered Agent Signature.</p>																																				
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Svitlana Miller</td> <td>3340 Merlin Dr. #100</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83404</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Svitlana Miller	3340 Merlin Dr. #100	Idaho Falls	ID	USA	83404	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:</p> <p>IDAHO W 100646</p>	<p>6.</p> <p>Signature: <u>Svitlana Miller</u></p> <p>Name (type or print): <u>Svitlana Miller</u></p> <p>Date: <u>1/16/15</u></p> <p>Title: <u>Manager</u></p>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM