

No. W 155872	Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016		2. Registered Agent and Office (NOT A P.O. BOX) SCOTT M URAN 5624 HILL RD BOISE ID 83703																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. URBAN COUNSELING SERVICES, LLC 5624 HILL RD BOISE ID 83703		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <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 ☒ Member ☐</td> <td>SCOTT URBAN</td> <td>5624 Hill Rd</td> <td>Boise</td> <td>ID</td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> Ada, 83703				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☐	SCOTT URBAN	5624 Hill Rd	Boise	ID			Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 155872	6. Signature:  Name (type or print): <u>SCOTT URBAN</u>			Date: <u>1/3/16</u> Title: <u>Manager</u>																																		