

No. W 4315	Reinstatement Annual Report Form ADMIN DISSOLVED 10/06/2009		2. Registered Agent and Office (NOT A P.O. BOX)	
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. CIRCLE PI, L.L.C. HC 62 BOX 2295 MAY ID 83253		TROY OLSON HC 62 BOX 2295 MAY ID 83753	
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
<u>Manager or Member</u>	Name	Street or PO Address	City	State Country Postal Code
Manager Member (circle one)				
Ben Yates		340 Martin Ave	Santa Clara	Ca 95050
5. Organized Under the Laws of: 6.				
IDAHO W 4315		Signature: <u>Ben Yates</u>	Date: <u>8/29/11</u>	
		Name (type or print): <u>BEN YATES</u>	Title: <u>Manager</u>	
Issued 08/29/2011 by KAH				