No. W 72784	Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014	2. Registered Agent and Office **(NOT A P.O. BOX)** JACOB WILLIAM IRVIN ~~3158 NO 10TH ST~~ ~~COEUR D'ALENE ID 83815~~ 8245 N. Cornerstone Dr. Hayden, ID 83835
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.** AJI COUNSELING, LLC PO BOX 103 COEUR D'ALENE ID 83816	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

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 [X] Member [ ]	Jacob William Irvin	P.O. Box 103	Coeur d'Alene	ID		83816
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						

5. Organized Under the Laws of:	6.
IDAHO W 72784	Signature: [signature] Date: 10-15-15 Name (type or print): [illegible] Title: Owner

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