

No. W 4315	Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) TROY OLSON HC 62 BOX 2295 MAY ID 83753
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		3. <u>New</u> 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Ben Yates	280 Martin Ave	Santa Clara Ca 95050
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 4315 </div>		6. Signature: <u>Ben Yates</u> Date: <u>3/3/2015</u> Name (type or print): <u>BEN YATES</u> Title: <u>Manager Partner</u>	
Issued 03/02/2015 by online			