

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				
REINSTATEMENT FEE DUE: \$30.00				3. <u>New</u> Registered Agent Signature.		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input 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:		6.				
IDAHO W 4315		Signature: <u>Ben Yates</u> Name (type or print): <u>BEN YATES</u>				
					Date: <u>3/3/2015</u>	Title: <u>Manager Partner</u>