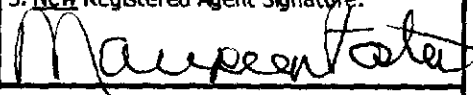



No. W 119932 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2014		2. Registered Agent and Office (NOT A P.O. BOX) GAVIN FOSTER DESEMED 4281 N 5TH E 3454 E 200 N IDAHO FALLS ID 83401 MAUREEN FOSTER 3454 E 200 N RIGBY ID 83442				
	1. Mailing Address: Correct in this box if needed. I SOLUTIONS L.L.C GAVIN FOSTER MAUREEN FOSTER 4281 N 5TH E 3454 E 200 N IDAHO FALLS ID 83401 RIGBY ID 83442	3. New Registered Agent Signature. 					
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"/>	MAUREEN FOSTER 3454 E 200 N RIGBY ID 83442						
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 119932 </div>		6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  Name (type or print): MAUREEN FOSTER </div> <div style="width: 35%;"> Date: 6/1/15 Title: OWNER </div> </div>					

Issued 05/29/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM