

No. W 119932	Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2014		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. I SOLUTIONS L.L.C GAVIN FOSTER MAUREEN FOSTER 3454 E 200 N RIGBY ID 83442		GAVIN FOSTER RESENSED 3454 E 200 N IDAHOFALLS ID 83401 MAUREEN FOSTER 3454 E 200 N RIGBY ID 83442	
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature. <i>Maureen Foster</i>	
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:	6.			
IDAHO W 119932	Signature: <i>Maureen Foster PR for Gavin Foster</i> Name (type or print): <u>MAUREEN FOSTER</u> Date: <u>6/1/15</u> Title: <u>OWNER</u>			

Issued 05/29/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM