

No. W 113835	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) CAROLYN S DOUGLAS 323 2ND AVE N HAILEY ID 83333
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SOLSTICE COMMUNICATIONS, LLC 323 2ND AVE N HAILEY ID 83333		3. <u>New</u> 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"/>	Carolyn S Douglas	323 2nd Ave N	Hailey	ID	USA	83333
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-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 113835</div>	6. Signature: <u>Carolyn S Douglas</u> <u>Carolyn S Douglas</u> Name (type or print):	Date: <u>8/15/13</u> Title: <u>Owner/Manager</u>
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Issued 08/13/2013 by CLH