

**FILED EFFECTIVE**

# REINSTATEMENT

Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX
No. <b>W 30969</b>	ADMIN DISSOLVED 09/08/2005	NICOLE L CHOPSKI <del>263 NOAH</del> 1426 N. HAYES POCATELLO ID 83202
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1 Mailing Address - Correct in this box, if applicable  STEELHORSES MANAGEMENT, LLC NICOLE L CHOPSKI <del>263 NOAH</del> P.O. Box 3005 POCATELLO ID 83202	3. <u>New</u> registered agent signature
FEE DUE \$30.00		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u> Manager	<u>Name</u> NICOLE L. CHOPSKI	<u>Street or P.O. Address</u> P.O. Box 3005 <u>City</u> POCATELLO <u>State</u> ID <u>Zip</u> 83206
5. Organized under the laws of:  IDAHO W 30969		
6. Signature <u>Nicole Chopski</u> Date <u>9/23/05</u> Name (Typed or Printed) <u>NICOLE L. CHOPSKI</u> Title <u>MANAGER</u>		