

No. W 54177	Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JON ANDERSON 5705 W PARAPET CT 930 N Cole Rd BOISE ID 83703 Boise, ID 83704	
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.  VI360 OF IDAHO LLC JON ANDERSON 5705 W PARAPET CT 930 N Cole Rd BOISE ID 83703 Boise, ID 83704			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name <b>JOHN ANDERSON</b>	Street or PO Address <b>5705 W PARAPET CT</b>	City <b>Boise</b>	State <b>ID</b> Country <b>83703</b>
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:  <b>IDAHO</b> <b>W 54177</b>		6. Signature:  Name (type or print): <b>Jon Anderson</b>		
		Date: <b>6/4/2012</b> Title: <b>President</b>		

Issued 05/18/2012 by SLD

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM