




No. W 89203	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012		2. Registered Agent and Office (NOT A P.O. BOX) MATHEW BECKER 120 LINE ST MOSCOW ID 83843																																											
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. 123 STYNER STREET LLC MIKE OSTERHOLZ 120 LINE ST MOSCOW ID 83843 USA		3. <u>New</u> Registered Agent Signature.																																											
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Matthew Becker</td> <td>P.O. Box 8567</td> <td>Moscow</td> <td>ID</td> <td>USA</td> <td>83843</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Matthew Becker	P.O. Box 8567	Moscow	ID	USA	83843	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																								
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Matthew Becker	P.O. Box 8567	Moscow	ID	USA	83843																																								
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																														
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 W 89203 </div>		6. <table style="width: 100%;"> <tr> <td style="width: 80%;">Signature: </td> <td style="width: 20%;">Date: 04/01/12</td> </tr> <tr> <td>Name (type or print): Matthew Becker</td> <td>Title: Member</td> </tr> </table>			Signature: 	Date: 04/01/12	Name (type or print): Matthew Becker	Title: Member																																						
Signature: 	Date: 04/01/12																																													
Name (type or print): Matthew Becker	Title: Member																																													
Issued 03/29/2012 by CLH																																														