

<b>No. W 114205</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE          DUE: \$30.00</b>	<b>Reinstatement Annual Report Form          ADMIN DISSOLVED 08/14/2017</b>  <b>1. Mailing Address: Correct in this box if needed.</b> EAS LLC SCOTT YOUNG 226 BRENT AVE NAMPA ID 83687	<b>2. Registered Agent and Office          (NOT A P.O. BOX)</b> SCOTT YOUNG 226 BRENT AVE NAMPA ID 83687  <b>3. <u>New</u> Registered Agent Signature.</b>
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**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"/>	Scott Young	226 Brent Ave	Nampa	ID		83687
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO W 114205</b> </div>	<b>6.</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature: <u>Scott Young</u></td> <td style="width: 40%;">Date: <u>8/29/17</u></td> </tr> <tr> <td>Name (type or print): <u>Scott Young</u></td> <td>Title: <u>owner</u></td> </tr> </table>	Signature: <u>Scott Young</u>	Date: <u>8/29/17</u>	Name (type or print): <u>Scott Young</u>	Title: <u>owner</u>
Signature: <u>Scott Young</u>	Date: <u>8/29/17</u>				
Name (type or print): <u>Scott Young</u>	Title: <u>owner</u>				

Issued 08/24/2017 by TLB

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM