


<b>No. W 29012</b>		<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> ROBERT SPENCE ELLSWORTH 20665 HWY 26/93 CAREY ID 83320	
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b> ELLSWORTH FINANCIAL SERVICES, L.L.C. ROBERT S ELLSWORTH 20665 HWY 93 CAREY ID 83320 USA		<b>3. New Registered Agent Signature.</b>	
<b>REINSTATEMENT FEE DUE: \$30.00</b>					
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>					
<b>Manager or Member</b>		<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		R. Spence Ellsworth	20665 Highway 93	Caray	ID USA 83320
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Laurie B. Ellsworth	" "	" "	" "
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 29012</b>		<b>6.</b>			
		<b>Signature:</b> 		<b>Date:</b> May 6, 2013	
		<b>Name (type or print):</b> R. Spence Ellsworth		<b>Title:</b> Manager	
Issued 04/30/2013 by JL1					