

# REINSTATEMENT

FILED EFFECTIVE

<b>No. W 35979</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>FEE DUE \$30.00</b>	<b>Annual Report Form</b> ADMIN DISSOLVED 04/08/2009  1. Mailing Address - Correct in this box, if applicable  MERCHANT SAVINGS LLC PO BOX 2151 POST FALLS, ID 83854  <i>4082 E PRIMROSE SUITE C</i>	2. Registered Agent and Office <b>NOT A P.O. BOX</b> <del>JAMES MARCHIONI</del> 1411 N GEMSTONE PL POST FALLS, ID 83854 <i>LOWELL GOODSON</i> LIBERTY TAX SERVICE 3. New registered agent signature <i>[Signature]</i>												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>GUILERA M. NEVAREZ</td> <td>PO BOX 2151</td> <td>POST FALLS</td> <td>ID</td> <td>83877</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	GUILERA M. NEVAREZ	PO BOX 2151	POST FALLS	ID	83877
Office held	Name	Street or P.O. Address	City	State	Zip									
MANAGER	GUILERA M. NEVAREZ	PO BOX 2151	POST FALLS	ID	83877									
5. Organized under the laws of:  IDAHO W 35979	6. <i>[Signature]</i> Signature _____ Date <i>04-21-09</i> Name <i>MATT NEVAREZ</i> Title <i>Manager</i>													

Issued 4/14/2009 by LJM