No. W 13867	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010	2. Registered Agent and Office **(NOT A P.O. BOX)** ROBERT ALEX MARTIN 4464 N SALEM RD REXBURG ID 83440
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.** ROCKY MOUNTAIN SPECIALTIES, LLC ~~AMBER MARTIN~~ PO Box 519 ~~4464 N SALEM RD~~ REXBURG ID 83440	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Manager	Robert Alex Martin	4464 N Salem Rd	Rexburg	ID	US	83440

5. Organized Under the Laws of:	6.
IDAHO W 13867	Signature: [signature] Date: 6/21/10 Name (type or print): Robert Alex Martin Title: owner

Issued 06/21/2010 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the