

No. W 102676	Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014		2. Registered Agent and Office (NOT A P.O. BOX)							
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. MIDWEST PUBLICATIONS, LLC BROOKE A SPRUTE 3085 N. COLE RD. STE#105 BOISE ID 83704 USA		BROOKE A SPRUTE 3085 N. COLE RD. STE#105 BOISE ID 83704							
			3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <td style="text-align: left;">Manager or Member</td> <td style="text-align: left;">Name</td> <td style="text-align: left;">Street or PO Address</td> <td style="text-align: left;">City</td> <td style="text-align: left;">State</td> <td style="text-align: left;">Country</td> <td style="text-align: left;">Postal Code</td> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Brooke Sprute	P.O. Box 44155	Boise Id.	IDA	IDA	83711				
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: IDAHO W 102676	6. Signature: 		Date: <u>owner- President</u>							
Name (type or print): <u>Brooke A. Sprute</u>		Title: <u>8/19/14</u>								

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM