


No. W 51735		Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2011		2. Registered Agent and Office (NOT A P.O. BOX) ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83204	
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. SPARKY, LLC ERIC L OLSEN P.O. BOX 1391 POCATELLO ID 83204		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
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 type="checkbox"/> Member <input checked="" type="checkbox"/>		THE DIRK & KIM KOETTER LIVING TRUST			
Manager <input type="checkbox"/> Member <input type="checkbox"/>		10767 POLLY TAYLOR ROAD, JOHN'S CREEK,			
Manager <input type="checkbox"/> Member <input type="checkbox"/>		GA 30097			
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.		Date:	
IDAHO W 51735		Signature: 		OCT. 3, 2012	
		Name (type or print): DIRK KOETTER		Title: TRUSTEE	
Issued 09/28/2012 by DK1					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.