

No. W 8541	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) KIRT GINNER 1408 E FALCONRIM CT EAGLE ID 83616														
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. CORPORATE MIS, L.L.C. 1408 E FALCONRIM CT EAGLE ID 83616																
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td><i>President member</i></td> <td><i>Kirt Ginner</i></td> <td><i>1408 E Falconrim Ct,</i></td> <td><i>Eagle,</i></td> <td><i>ID</i></td> <td><i>US</i></td> <td><i>83616</i></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<i>President member</i>	<i>Kirt Ginner</i>	<i>1408 E Falconrim Ct,</i>	<i>Eagle,</i>	<i>ID</i>	<i>US</i>	<i>83616</i>
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5. Organized Under the Laws of: IDAHO W 8541		6. <table border="1"> <tr> <td>Signature: <i>Shawna Ginner</i></td> <td>Date: <i>7/19/10</i></td> </tr> <tr> <td>Name (type or print): <i>Shawna Ginner</i></td> <td>Title: <i>Owner</i></td> </tr> </table>		Signature: <i>Shawna Ginner</i>	Date: <i>7/19/10</i>	Name (type or print): <i>Shawna Ginner</i>	Title: <i>Owner</i>										
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Member

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 correct address. **Notes:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Notes:**