

1/15/2016

W 104252

| | | | | | | |
|---|---|---|---|---|---------|-------------|
| No. W 104252 | Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015 | | 2. Registered Agent and Office (NOT A P.O. BOX) CRAIG MOONEY 1875 W SCARCELLO RD RATHDRUM ID 83858 | | | |
| 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. A BETTER WAY SERVICES, LLC CRAIG MOONEY 1875 W SCARCELLO RD RATHDRUM ID 83858 | | 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 checked="" type="checkbox"/> Member <input type="checkbox"/> | Craig Mooney | 1875 W SCARCELLO RD, | RATHDRUM | ID | US | 83858 |
| 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: | | 6. | | | | |
| IDAHO W 104252 | | Signature: <u>Craig Mooney</u> Name (type or print): <u>CRAIG MOONEY</u> | | Date: <u>1/20/2016</u> Title: <u>MANAGER</u> | | |
| Issued 01/15/2016 by online | | | | | | |