No. W 96611	Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011 1. Mailing Address: Correct in this box if needed. MERRICK ACCOUNTING, LLC	2. Registered Agent and Office (NOT A P.O. BOX) LAFONDA MERRICK 1012 ALMOND ST NAMPA ID 83686			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080					
				1012 ALMOND ST NAMPA ID 83686	3. <u>New</u> Registered Agent Signature.
			REINSTATEMENT FEE DUE: \$30.00		
4. Limited Liability Compar Manager or Member Nar	nies: Enter Names and Addresses of Managers OR Members ne Street or PO Address				
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S. Organized Under the Laws o	of: 6,	Date: 12/13/11			
IDAHO	Tand I de la				
W 96611	Name (type or print): Latarda Me	rrick Tibe: Member			
Issued 12/12/2011 by JL1		•			

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. **Note:** 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. Note: The office of the