

No. W 20251	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2011		2. Registered Agent and Office (NOT A P.O. BOX) BRANDON B OLSEN <i>Jennifer Blotch Olsen</i> 2110 E 17TH ST <i>1541 Markopn Street</i> IDAHO FALLS ID 83404																																			
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. BLUE SKY MANAGEMENT, LLC BRANDON OLSEN <i>Jennifer Blotch Olsen</i> PO BOX 1589 IDAHO FALLS ID 83403		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>Jennifer Blotch</i></td> <td><i>PO Box 1589</i></td> <td><i>Idaho Falls</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83403</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Jennifer Blotch</i>	<i>PO Box 1589</i>	<i>Idaho Falls</i>	<i>ID</i>	<i>USA</i>	<i>83403</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 20251	6. Signature: <i>[Signature]</i> Date: <i>12/16/2014</i> Name (type or print): <i>Jennifer Dawn Blotch Olsen</i> Title: _____																																					

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