

No. W 28958	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) JOHN J MCFADDEN 5200 FAIRVIEW STE 5 BOISE ID 83706
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. V.M.A. LLC <i>7085 W Overland Rd</i> 5200 FAIRVIEW STE 5 BOISE ID 83706 <i>83709</i>		3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			
Office Held	Name	Street or PO Address	City State Country Postal Code
<i>member</i>	<i>John J McFadden</i>	<i>4274 E Aphrodite Ct Boise</i>	<i>ID Ada 83716</i>
<i>member</i>	<i>Janet McFadden</i>	<i>4274 E Aphrodite Ct Boise</i>	<i>ID Ada 83716</i>
5. Organized Under the Laws of: IDAHO W 28958		6. Signature: <u><i>Janet McFadden</i></u> Date: <u><i>6/19/10</i></u> Name (type or print): <u><i>Janet McFadden</i></u> Title: <u><i>member</i></u>	
Issued 06/18/2010 by LJM			