

No. W 108399	Reinstatement Annual Report Form ADMIN DISSOLVED 02/11/2013				2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL L CHADWICK 407 E MAIN ST WEISER ID 83672		
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. LIBERTY SAFE HAVEN SERVICES, USA LLC PO BOX 16184 BOISE ID 83715				3. New Registered Agent Signature.		
REINSTATEMENT FEE DUE: \$30.00							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code	
Michael L Chadwick P.O. Box 16184, Boise, Idaho 83715							
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: IDAHO W 108399		6. Signature: <u>Michael L Chadwick</u> Name (type or print): <u>Michael L. Chadwick</u> Date: <u>1-9-2015</u> Title: <u>Manager</u>					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

1. Fill in the required information.

2. Sign the signature line.

3. Mail or drop off the form to the Idaho Secretary of State's office.