


No. W 81457 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012 1. Mailing Address: Correct in this box if needed. ALLEGIANCE PROFESSIONAL, LLC. MATTHEW E COX 5219 W HOLLY HILL DR BOISE ID 83703 USA 2411 E. Lenox Ct. Eagle, ID 83616 USA	2. Registered Agent and Office (NOT A P.O. BOX) MATT COX 5219 W HOLLY HILL DR BOISE ID 83703 2411 E. Lenox Ct. Eagle, ID 83616 3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 20%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Matt Cox</td> <td>10222 PO BOX 140022</td> <td>BOISE</td> <td>ID</td> <td>Adz</td> <td>83714</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Ryan Spuler</td> <td>PO BOX 140022</td> <td>BOISE</td> <td>ID</td> <td>Adz</td> <td>83714</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Matt Cox	10222 PO BOX 140022	BOISE	ID	Adz	83714	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ryan Spuler	PO BOX 140022	BOISE	ID	Adz	83714	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: <div style="text-align: center; font-size: 1.2em;">IDAHO W 81457</div>	6. Signature:  Name (type or print): <u>Matthew Cox</u> Date: <u>7-7-12</u> Title: <u>Partner</u>																																				

Issued 06/21/2012 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing 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.