

No. W 6113	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013				2. Registered Agent and Office (NOT A P.O. BOX) TOM ELLEFSON 11822 KENISNGTON HAYDEN ID 83835		
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. INDEPENDENT CONSULTANTS, L.L.C. TOM ELLEFSON PO BOX 3357 HAYDEN ID 83835				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	
	<i>Tom Ellerson po 3357 Hayden Id Kootenai 83835</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"/>							
5. Organized Under the Laws of: IDAHO W 6113		6. Signature: <i>Tom Ellerson</i> Name (type or print): <i>Tom Ellerson</i>					Date: <u>8/25/2013</u> Title: <u>President.</u>

Issued 08/20/2013 by SLD