No. W 80419	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012	' (NELLA P.O. BUX)	
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. EDWIN SOUTHFIELD, LLC EDWIN SOUTHFIELD 3310 S 1600 E WENDELL ID 83355	3310 S 1600 E WENDELL ID 83355	
REINSTATEMENT FEE DUE: \$30.00		3. <u>New</u> Registered Agent Signature.	
Manager or Member	Companies: Enter Names and Addresses of Manag Name Street or PO Address CI	ry State Country Postal Code	
	Edwin Southfield 33085 1600E		
manager [] manager [2]	Avie RoeloHS 33685 1600E	La partir de la companya de la compa	
Manager Member 🗓	ed Scutt		
Manager Member			
5. Organized Under the Law	Ns of: 6. Signature:/	Date:	
IDAHO W 80419	Name (type or print):	5-8-2012	
		Title:	

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.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.