


No. <b>W 30795</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/07/2008</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> DAVID L NOACK 336 N 1810 E ST ANTHONY ID 83445																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>				<b>1. Mailing Address: Correct in this box if needed.</b> SELF-RELIANT LIVING, LLC 336 N 1810 E ST ANTHONY ID 83445																																		
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">David Noack 336 N. 1810 E. St. Anthony ID 83445</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	David Noack 336 N. 1810 E. St. Anthony ID 83445						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							<b>3. <u>New</u> Registered Agent Signature.</b>
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 30795</b>	<b>6.</b> Signature:  Name (type or print): <u>DAVID NOACK</u>			Date: <u>10/17/13</u> Title: <u>MANAGER</u>																																		

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM