



W 159536

FILED EFFECTIVE

No. W 159536	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. EXCEPTIONAL SUPPORT SERVICES, LLC LESLIE VARNER 337 OLIVER RD <i>417 Second Street</i> SANDPOINT ID 83864 <i>Wallace, ID 83873</i>		LESLIE VARNER 337 OLIVER RD <i>417 Second St</i> SANDPOINT ID 83864 <i>Wallace, ID</i> <i>83873</i>																																			
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="0"> <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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Leslie VARNER</td> <td>417 Second Street</td> <td>Wallace</td> <td>ID</td> <td></td> <td>83873</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> <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"/>	Leslie VARNER	417 Second Street	Wallace	ID		83873	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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:	6.																																					
IDAHO W 159536	Signature: <i>Leslie Varner</i> Name (Type or print): <i>Leslie VARNER</i>		Date: <i>6/27/17</i> Title:																																			
Issued 06/21/2017 by online																																						