

FILED EFFECTIVE

No. W 98949	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013		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. PYRAMID EDUCATIONAL CONSULTING, LLC CODY OREN CLAVER 2972 W LOST RAPIDS DR MERIDIAN ID 83646 <i>1060 Washburn Ave.</i> <i>Idaho Falls, ID 83402</i>	CODY OREN CLAVER 2972 W LOST RAPIDS DR MERIDIAN ID 83646 <i>1060 Washburn Ave.</i> <i>Idaho Falls, ID. 83402</i>	
REINSTATEMENT FEE DUE: \$30.00	3. New Registered Agent Signature.		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Cody Claver 1060 Washburn Ave Idaho Falls, ID USA 83402</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"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:	6.		
IDAHO W 98949	Signature: <i>Cody Claver</i> Name (type or print): <i>Cody Claver</i>		Date: <i>4-24-13</i> Title: <i>Owner</i>