

No. W 32810	Reinstatement Annual Report Form ADMIN DISSOLVED 11/06/2008		2. Registered Agent and Office (NOT A P.O. BOX) PATRICIA LETELIER 5124 REDBRIDGE DR BOISE ID 83709	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. 3655 LLC <i>P.O. Box 274</i> 1776 W STATE ST #117 BOISE ID 83701		3. New Registered Agent Signature.	
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Address City State Country Postal Code <i>Member Manager Patricia Letelier</i> 5124 <i>Boise ID 83703</i> <i>Letelier Redbridge</i> <i>Dr.</i>			
5. Organized Under the Laws of: IDAHO W 32810	6. Signature: <i>Patricia Letelier</i> Name (type or print): <i>Patricia Letelier</i>		Date: <i>3/25/10</i> Title: <i>Manager</i>	
Issued 03/25/2010 by LJM				