


| <b>No. W 110817</b><br><br>Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>DUE: \$30.00</b>   | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 05/10/2013</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>IDAHO SIMPLE SOLUTIONS LLC<br>MICHAEL SAUNDERS<br><del>10368 W ALTAIR DR</del> <span style="margin-left: 20px;">2107 S. KENDRICK</span><br><del>STAR ID 83669</del> <span style="margin-left: 20px;">CALDWELL, ID</span><br><span style="margin-left: 200px;">83605</span>              | <b>2. Registered Agent and Office<br/>(NOT A P.O. BOX)</b><br>MICHAEL SAUNDERS<br>10369 W ALTAIR DR<br>STAR ID 83669<br><br><b>3. <u>New</u> Registered Agent Signature.</b> |                   |       |                      |             |       |         |             |   |                  |                  |       |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|-------------------|-------|----------------------|-------------|-------|---------|-------------|---|------------------|------------------|-------|----|----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>   |  |  |                   |       |                      |             |       |         |             |   |                  |                  |       |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%; text-align: left;">Manager or Member</th> <th style="width: 20%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 15%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>MICHAEL SAUNDERS</td> <td>10190 W ANTIETAM</td> <td>BOISE</td> <td>ID</td> <td>US</td> <td>83709</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 checked="" type="checkbox"/> Member <input type="checkbox"/> | MICHAEL SAUNDERS | 10190 W ANTIETAM | BOISE | ID | US | 83709 | 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 or Member  | Name   | Street or PO Address   | City              | State | Country              | Postal Code |       |         |             |   |                  |                  |       |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>  | MICHAEL SAUNDERS   | 10190 W ANTIETAM   | BOISE             | ID    | US                   | 83709       |       |         |             |   |                  |                  |       |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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>5. Organized Under the Laws of:</b><br><br><div style="text-align: center; font-size: 1.2em;">IDAHO<br/>W 110817</div>  | <b>6.</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signature:</b><br/> <br/> <hr/> <b>Name (type or print):</b><br/>           MICHAEL SAUNDERS         </div> <div style="width: 35%;"> <b>Date:</b><br/>           7/9/16<br/> <b>Title:</b><br/>           MANAGER         </div> </div> |  |                   |       |                      |             |       |         |             |   |                  |                  |       |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**