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| No. W 94605 | Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011 | | 2. Registered Agent and Office (NOT A P.O. BOX) CYRUS ROEDEL 2620 ANNETTE BOISE ID 83705 |
| 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. ROEDEL LAW OFFICES LLC 1924 S VISTA AVENUE BOISE ID 83705 | | 3. <u>New</u> 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>Cyrus Roedel</i> <i>1924 S. Vista</i> <i>Boise</i> <i>ID</i> <i>USA</i> <i>83705</i> | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Kaylene Roedel</i> <i>1924 S. Vista</i> <i>Boise</i> <i>ID</i> <i>83705</i> | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 94605 </div> | | 6. Signature: <i>[Signature]</i> Date: <i>10/19/12</i> <hr/> Name (type or print): <i>Cyrus J. Roedel</i> Title: <i>no Member</i> | |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM