

No. W 80959	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX) NICHOLAS HOLT 4725 MAVERICK WAY 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. N. HOLT, LLC 4725 MAVERICK WAY BOISE ID 83709			3. New Registered Agent Signature.												
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</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></td><td>mgr/mbr</td><td>Nicholas Holt</td><td>4725 Maverick Way</td><td></td><td></td><td>Boise ID 83704</td></tr></tbody></table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code		mgr/mbr	Nicholas Holt	4725 Maverick Way		
Office Held	Name	Street or PO Address	City	State	Country	Postal Code										
	mgr/mbr	Nicholas Holt	4725 Maverick Way			Boise ID 83704										
5. Organized Under the Laws of: IDAHO W 80959	6. <table border="1"><tr><td>Signature: </td><td>Date: 4-26-10</td></tr><tr><td>Name (type or print): NICK L. HOLT</td><td>Title: 4-26-10</td></tr></table>			Signature: 	Date: 4-26-10	Name (type or print): NICK L. HOLT	Title: 4-26-10									
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Issued 04/26/2010 by DK1																

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM