No. W 26624	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015	2. Registered Agent and Office **(NOT A P.O. BOX)** NATHAN W GALPIN MIKESH 641 E CROY HAILEY ID 83333
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.** VITA BREVIS, LLC JENNIFER L GALPIN-MIKESH PO BOX 2937 HAILEY ID 83333 USA	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 ☑ Member ☐	Jennifer Galpin-Mikesh	PO Box 2937	Hailey, ID		USA	83333
Manager ☐ Member ☑	Nathan Galpin-Mikesh	641 E. Croy St.	Hailey, ID		USA	83333
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 26624	Signature: [signature] Date: 2/3/15 Name (type or print): Jennifer Galpin-Mikesh Title: manager

Issued 02/03/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM