


No. <b>W 106001</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/14/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> STEVEN A WUTHRICH 1011 WASHINGTON ST SUITE 101 MONTPELIER ID 83254																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> AJL PARALEGAL SERVICES, LLC ALICE J LAWSON PO BOX 186 GEORGETOWN ID 83239		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Alice J. Lawson</td> <td>PO Box 186</td> <td>Georgetown</td> <td>ID</td> <td>Bear Lake</td> <td>83239</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Alice J. Lawson	PO Box 186	Georgetown	ID	Bear Lake	83239	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 106001</b> </div>		6. Signature:  Date: <u>12/20/2012</u> Name (type or print): <u>Alice J. Lawson</u> Title: <u>Owner</u>																																				
Issued 12/13/2012 by SLD																																						