

2014 APR 14 PM 2:01

No. W 43972		Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2014		SECRETARY OF STATE STATE OF IDAHO																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. RSA ENTERPRISES, LLC ROBERT S ASHBY PO BOX 1817 LEWISTON ID 83501 USA		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT S ASHBY 2937 MAGNOLIA #202 LEWISTON ID 83501																																				
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<table border="0"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Post: I Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Robert S. Ashby</td> <td>RSA Enterprises, LLC P.O. Box 1817 Lewiston, ID 83501</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> <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	Post: I Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Robert S. Ashby	RSA Enterprises, LLC P.O. Box 1817 Lewiston, ID 83501					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: IDAHO W 43972		6. Signature: Name (Type or print):		Date: 4-14-14 Title: Member																																				
Issued 04/14/2014 by online																																								