

No. W 23394	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2004		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL L ANDERSON 704 E 1550 N SHELLEY ID 83274															
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. MICHAEL ANDERSON FINANCIAL SERVICES, LLC MICHAEL L ANDERSON 704 E 1550 N SHELLEY ID 83274				3. <u>New</u> 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>Manager</td><td>Michael L Anderson</td><td>704 E 1550 N</td><td>Shelley</td><td>ID</td><td>Idaho</td><td>83274</td></tr></tbody></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Manager	Michael L Anderson	704 E 1550 N	Shelley	ID	Idaho	83274
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5. Organized Under the Laws of: IDAHO W 23394		6. <table border="1"><tr><td>Signature: </td><td>Date: 30 Sep 2010</td></tr><tr><td>Name (type or print): Michael L Anderson</td><td>Title: Manager</td></tr></table>			Signature: 	Date: 30 Sep 2010	Name (type or print): Michael L Anderson	Title: Manager										
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Issued 09/28/2010 by DK3																		