

No. W 108629	Reinstatement Annual Report Form ADMIN DISSOLVED 02/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) JUSTIN ROSS 2181 W ASTONTE ST MERIDIAN ID 83646
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. ROSS/RAMERT INVESTMENTS, LLC JUSTIN J ROSS 2181 W ASTONTE ST MERIDIAN ID 83646		3. <u>New</u> 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Justin Ross	2181 W. Astonte St.	Meridian,	ID.	ADA	83646
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Paul Ramert	6030 W Tree Ln	Anchorage,	AK.		99507
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 108629</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Justin Ross</u> </td> <td style="width: 40%;"> Date: <u>5/7/14</u> </td> </tr> <tr> <td> Name (type or print): <u>Justin Ross</u> </td> <td> Title: <u>Partner/mgr</u> </td> </tr> </table>	Signature: <u>Justin Ross</u>	Date: <u>5/7/14</u>	Name (type or print): <u>Justin Ross</u>	Title: <u>Partner/mgr</u>
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Name (type or print): <u>Justin Ross</u>	Title: <u>Partner/mgr</u>				

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INSTRUCTIONS FOR THE TRAID ANNUAL REPORT FORM