6/2018

W 132323

| No. W 132323 | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 03/27/2018 | 2. Registered Agent and Office<br>**(NOT A P.O. BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. **Mailing Address: Correct in this box if needed.**<br>ASPEN PERSONAL CARE SERVICE LLC<br>ROBINA SCARLETT<br>PO BOX 279<br>CLARK FORK ID 83811 | ROBINA SCARLETT<br>310 E HWY 200<br>CLARK FORK ID 83811 |
| **REINSTATEMENT FEE DUE:** $30.00 | | 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 ☒ | Khalen Scarlett | PO BOX 177 | C.F. | ID | | 83811 |
| Manager ☐ Member ☒ | Saundra Scarlett | PO Box 177 | C.F. | ID | | 83811 |
| Manager ☐ Member ☒ | Robina Scarlett | PO BOX 279 | C.F. | ID | | 83811 |
| Manager ☐ Member ☐ | | | | | | |

5. Organized Under the Laws of:

IDAHO
W 132323

6.
Signature: Saundra Scarlett
Date: 4-5-2018
Name (type or print): Saundra Scarlett
Title: 4-5-2018

Issued 04/06/2018 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**