

No. W 99681	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012				2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MICHAEL EVERETT PhD 46 SOLTMAN RD GRANGEVILLE ID 83530	
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.  EVERETT DECISION SYSTEMS, LLC PO BOX 598 GRANGEVILLE ID 83530					
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>					3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Michael Everett, 174 EAST 2D, COTTERWOLD, ID 83522					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	LeAnne Everett, 174 East 2D, COTTERWOLD, ID 83522					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:		6.				
IDAHO W 99681		Signature: 				
		Name (type or print): Michael Everett, PhD				
		Date: 2-12-13				
		Title: CEO/President				

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**INSTRUCTIONS FOR THIS FORM**