


No. W 99681	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012		2. Registered Agent and Office (NOT A P.O. BOX) 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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. EVERETT DECISION SYSTEMS, LLC PO BOX 598 GRANGEVILLE ID 83530		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 type="checkbox"/> Member <input checked="" type="checkbox"/> Michael EVERETT, 174 EAST 2D, CATTANWAUGH, ID 83522			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> LEIANNE EVERETT, 174 EAST 2D, CATTANWAUGH, ID 83522			
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; font-size: 1.2em;"> IDAHO W 99681 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <u>Michael Everett, PhD</u> </div> <div style="width: 35%;"> Date: <u>2-12-13</u> <hr/> Title: <u>CEO/President</u> </div> </div>	
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INSTRUCTIONS FOR THE FEE