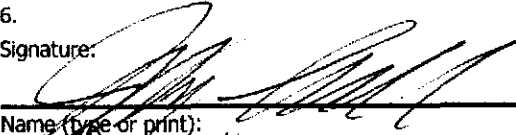


No. W 5352	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) JEFFREY J CORNILLES 924 16TH AVE S NAMPA ID 83651																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CORNILLES FINANCIAL SERVICES L.L.C. JEFFREY J CORNILLES 924 16TH AVE S NAMPA ID 83651																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jeffrey J. Cornilles</td> <td>924 16th Ave S</td> <td>Nampa</td> <td>ID</td> <td>USA</td> <td>83651</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Gerald Cornilles</td> <td>924 16th Ave S</td> <td>Nampa</td> <td>ID</td> <td>USA</td> <td>83651</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jeffrey J. Cornilles	924 16th Ave S	Nampa	ID	USA	83651	Manager <input type="checkbox"/> Member <input type="checkbox"/>	Gerald Cornilles	924 16th Ave S	Nampa	ID	USA	83651	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. New Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 5352		6. Signature:  Date: <u>5/2/16</u> Name (type or print): <u>Jeff Cornilles</u> Title: <u>owner</u>																																				

Issued 05/02/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM