

<p>No. <b>W 111917</b></p> <p>Return to:                  SECRETARY OF STATE                  450 N 4th STREET                  PO BOX 83720                  BOISE, ID 83720-0080</p> <p><b>REINSTATEMENT FEE                  DUE: \$30.00</b></p>	<p><b>Reinstatement Annual Report Form                  ADMIN DISSOLVED 06/17/2014</b></p> <p>1. <b>Mailing Address: Correct in this box if needed.</b>                  1ST ST ARCTIC CIRCLE LLC                  DAVID BELL                  2535 1ST ST                  IDAHO FALLS ID 83401</p>	<p>2. Registered Agent and Office  <b>(NOT A P.O. BOX)</b>                  DAVID BELL                  5095 PEVERO DR                  IDAHO FALLS ID 83401</p> <p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p>4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DAVID BELL</td> <td>5095 PEVERO DR</td> <td>IDAHO FALLS</td> <td>ID</td> <td>BOISE</td> <td>83401</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> <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 type="checkbox"/> Member <input checked="" type="checkbox"/>	DAVID BELL	5095 PEVERO DR	IDAHO FALLS	ID	BOISE	83401	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:</p> <p style="text-align: center;"><b>IDAHO                  W 111917</b></p>	<p>6.</p> <p>Signature: </p> <p>Date: <u>10/09/14</u></p> <p>Name (type or print): <u>DAVID BELL</u></p> <p>Title: <u>MEMBER</u></p>																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**