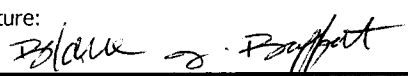
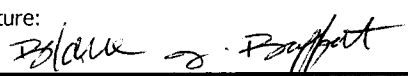
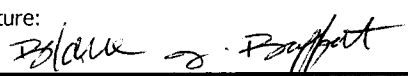


No. W 143806	Reinstatement Annual Report Form ADMIN DISSOLVED 01/25/2016		2. Registered Agent and Office (NOT A P.O. BOX) BLAKE BUFFAT 550 VERN CHUBBUCK ID 83202
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. RX SOLUTIONS AND CONSULTING LLC BLAKE BUFFAT 550 VERN CHUBBUCK ID 83202		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Blake Buffat	550 Vern	Chubbuck	ID	USA	83201
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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;"> IDAHO W 143806 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 2/11/16 </td> </tr> <tr> <td> Name (type or print): Blake Buffat </td> <td> Title: Owner </td> </tr> </table>	Signature: 	Date: 2/11/16	Name (type or print): Blake Buffat	Title: Owner
Signature: 	Date: 2/11/16				
Name (type or print): Blake Buffat	Title: Owner				

Issued 02/11/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the