No. W 93943	Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013	2. Registered Agent and Office (NOT A P.O. BOX) R SCOT HAUG CPA 917 N SPOKANE ST POST FALLS ID 83854
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. WILLIAM B. HIGGINS, DC PLLC WILLIAM B HIGGINS 1715 E MONTANA AVE COEUR D ALENE ID 83814 USA	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

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 [X] Member [ ]	William Higgins	1715 E Montana	CDA	ID	USA	83814
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						

5. Organized Under the Laws of:	6.
IDAHO W 93943	Signature: Date: 5-22-13 Name (type or print): William Higgins Title:

Issued 09/23/2013 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM