
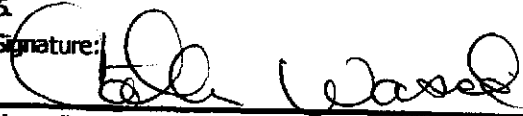


No. W 82223	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) CATHIE WASICK 3179 S WHITEPOST WAY EAGLE ID 83616			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE \$30.00	1. Mailing Address: Correct in this box if needed. CISANDPOINT, LLC 470700 HWY 95 SAGLE ID 83860		3. 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"/>	John Soska	848 Roxanne Ave	LB	CA	USA	96815
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Audrey Soska	"	"	"	"	"
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Cathie Wasick	3179 S Whitepost Way	Eagle	ID	USA	83616
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kimball Wasick	"	"	"	"	"
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 82223</div>		6. Signature:  Name (type or print): Cathie Wasick		Date: 9/1/14 Title: Managing Member		
Issued 09/03/2014 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.