

No. W 79022	Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) REBECCA GRACE 340 WEST RIVER ST #150 KETCHUM ID 83340
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. CENTER FOR SPIRITUAL RESPONSIBILITY, LLC (THE) PO 14001, 220 EAST AVE #412 KETCHUM ID 83340		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
<input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)	<div style="font-family: cursive; font-size: 1.2em;"> Rebecca Grace 340 West River St. #150 Ketchum, ID 83340 </div> <div style="margin-top: 20px; text-align: center;"> Mailing PO 14001 Ketchum, ID 83340 </div>					

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 79022 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <u>Rebecca Grace</u> </td> <td style="width: 30%;"> Date: <u>4-2-11</u> </td> </tr> <tr> <td> Name (type or print): <u>Rebecca Grace</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>	Signature: <u>Rebecca Grace</u>	Date: <u>4-2-11</u>	Name (type or print): <u>Rebecca Grace</u>	Title: <u>Manager</u>
Signature: <u>Rebecca Grace</u>	Date: <u>4-2-11</u>				
Name (type or print): <u>Rebecca Grace</u>	Title: <u>Manager</u>				

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