


FILED EFFECTIVE

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No. <b>W 76633</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/05/2009</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> AMY YASINSKI <del>1401 S SECRETARIAT WAY</del> NAMPA ID 83686 <b>11291 W. River Rd</b> <b>Caldwell ID 83607</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. YASINSKI, LLC AMY YASINSKI <del>1401 S SECRETARIAT WAY</del> NAMPA ID 83686 <b>11291 W. River Rd</b> <b>Caldwell, ID 83607</b>		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><b>Amy Yasinski</b></td> <td><b>11291 W. River Rd</b></td> <td><b>Caldwell</b></td> <td><b>ID</b></td> <td><b>83607</b></td> <td><b>Idaho</b></td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><b>Leo Yasinski</b></td> <td><b>11291 W. River Rd</b></td> <td><b>Caldwell</b></td> <td><b>ID</b></td> <td><b>83607</b></td> <td><b>Idaho</b></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 checked="" type="checkbox"/> Member <input type="checkbox"/>	<b>Amy Yasinski</b>	<b>11291 W. River Rd</b>	<b>Caldwell</b>	<b>ID</b>	<b>83607</b>	<b>Idaho</b>	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<b>Leo Yasinski</b>	<b>11291 W. River Rd</b>	<b>Caldwell</b>	<b>ID</b>	<b>83607</b>	<b>Idaho</b>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 76633</b>		6. Signature: <u></u> Date: <u><b>4/6/14</b></u> Name (Type or print): <u><b>AMY YASINSKI</b></u> Title: <u><b>MANAGER</b></u>																																				

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## 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 corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**