



**FILED EFFECTIVE**

No. <b>W 1205</b>	Reinstatement Annual Report Form <b>ADMIN DISSOLVED 09/10/2001</b>		2. Registered Agent and Office (NOT A P.O. BOX) <b>ROBERT C ENYART</b> <i>J. Brent Smith</i> <del>415 W STATE ST</del> <b>10342 W. Estate Dr.</b> <del>EAGLE ID 83616</del> <b>Boise ID 83709</b>			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  INFOTEK, LLC <del>ROBERT C ENYART</del> <i>J. Brent Smith</i> <del>415 W STATE ST</del> <b>10342 W. Estate Dr.</b> <del>EAGLE ID 83616</del> <b>Boise ID 83709</b>		3. New Registered Agent Signature. 			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
	<i>Robert C. Enyart</i>	<i>12105 Spring River Ct.</i>	<i>Boise</i>	<i>ID</i>		<i>83709</i>
	<i>J. Brent Smith</i>	<i>10342 W. Estate Dr.</i>	<i>"</i>	<i>"</i>		<i>83709</i>
5. Organized Under the Laws of:		6.				
IDAHO W 1205		Signature: 	Date: <i>1/5/2010</i>			
		Name (type or print): <i>J. Brent Smith</i>	Title: <i>Member</i>			