

# FILED EFFECTIVE

<b>No. W 91020</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012</b>  <b>1. Mailing Address: Correct in this box if needed.</b> PAGE ONE POWER LLC <del>5047 W PARSONS</del> <del>BOISE ID 83714</del>  1251 E. Iron Eagle Dr. Eagle, ID 83616	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> ZACH BALL 1197 N SHREVEPORT MERIDIAN ID 83642  <b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Zach Ball</td> <td>1197 N Shreveport</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83642</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jan Ball</td> <td>5047 Parson</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83714</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Zach Ball	1197 N Shreveport	Meridian	ID	USA	83642	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jan Ball	5047 Parson	Boise	ID	USA	83714	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  IDAHO W 91020	<b>6.</b> Signature: <u>Zach Ball</u> Date: <u>6/7/3/12</u> Name (type or print): <u>Zach Ball</u> Title: <u>Owner</u>																																				

Issued 07/03/2012 by KAH

## 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.**