

FILED EFFECTIVE

No. W 70410	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX)
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. CONDOMINIUM CERTIFICATE OF INSURANCE DELIVERY SERVICE, LLC KIRKLYN R SMITH 412 E PARKCENTER BLVD STE 315 BOISE ID 83708 1880 W. Judith Ln. #220 83705		KIRKLYN R SMITH 412 E PARKCENTER BLVD STE 315 BOISE ID 83708 1880 W. Judith Ln. #220 83705
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			3. New Registered Agent Signature.
Office Held Name Street or PO Address City State Country Postal Code			
Member Kirklyn R. Smith 1880 W. Judith Ln #220 Ada Boise, ID 83705			
5. Organized Under the Laws of:		6.	
IDAHO W 70410		Signature: <i>Kirklyn R. Smith</i>	Date: 4-30-10
Issued 04/30/2010 by DK1		Name (type or print): Kirklyn R. Smith	Title: <i>4/30/10</i> Din Ops.