


No. W 19393	Reinstatement Annual Report Form ADMIN DISSOLVED 08/08/2005		2. Registered Agent and Office (NOT A P.O. BOX) MIKE WEES 913 RIVIERA DR 263 W. Cave Bear Ct. BOISE ID 83703 Meriden, ID 83642 FILED EFFECTIVE			
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. NOMAD TECHNOLOGY CONSULTING, LLC MIKE WEES 913 RIVIERA DR 263 W. Cave Bear Ct. BOISE ID 83703 Meriden, ID 83642		3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager or <u>Member</u>	Name	Street or PO Address	City	State	Country	Postal Code
Mike Wees		263 W. Cave Bear Ct.	Meriden	ID	USA	83642
5. Organized Under the Laws of: IDAHO W 19393		6. Signature:  Name (type or print): Mike Wees			Date: 2/25/11 Title: Member	
Issued 02/25/2011 by LJM						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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.