

No. W 60829	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) JAKE C BUTIKOFER 158 E 3500 N REXBURG ID 83440
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. NUVISTA LLC JAKE C BUTIKOFER 158 E 3500 N REXBURG ID 83440 USA		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jake Butikofer	158 E. 3500 N.	Rexburg	ID	USA	83440
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 60829 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature: <u>Jake Butikofer</u></td> <td style="width: 40%;">Date: <u>3/19/15</u></td> </tr> <tr> <td>Name (type or print): <u>Jake Butikofer</u></td> <td>Title: <u>Manager</u></td> </tr> </table>	Signature: <u>Jake Butikofer</u>	Date: <u>3/19/15</u>	Name (type or print): <u>Jake Butikofer</u>	Title: <u>Manager</u>
Signature: <u>Jake Butikofer</u>	Date: <u>3/19/15</u>				
Name (type or print): <u>Jake Butikofer</u>	Title: <u>Manager</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM