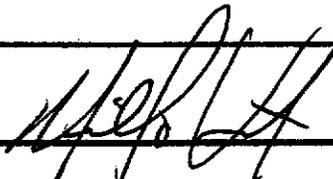# FILED EFFECTIVE

No. W 56227	Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010	2. Registered Agent and Office (NOT A P.O. BOX) MIKE VICTORY 9370 BLUE HERON DR MERIDIAN ID 83644
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** ROBINSON BOULEVARD, LLC 9370 BLUE HERON DR MERIDIAN ID 83644	**3. New Registered Agent Signature.**
REINSTATEMENT **FEE DUE: $30.00**		

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

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER -	MICHAEL VICTORY	9370 BLUE HERON DR.	MIDDLETON	ID		83644
MEMBER -	KENT WANG	3857 S. BASILICA WAY	MERIDIAN,	ID		83642
MEMBER -	BRIAN THIBADEAU	12709 SCHICKS RIDGE RD.	BOISE	ID		83714

5. Organized Under the Laws of: **IDAHO** **W 56227**	6. Signature: _____ Date: 3-5-10 Name (type or print): MICHAEL VICTORY Title: Member Manager

Issued 02/18/2010 by DK1

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.

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.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note: Do not** put "same as last year" or "same as above". **These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.