

No. W 37220	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) DENNIS E CUNNINGHAM II 8158 STONEHAVEN DR HAYDEN ID 83835																																			
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. ACTIVE WEST, LLC DENNIS E CUNNINGHAM II 8158 STONEHAVEN DR HAYDEN ID 83835																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Dennis E. Cunningham II</td> <td>8158 Stonehaven Dr</td> <td>Hayden</td> <td>ID</td> <td></td> <td>83835</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> <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"/>	Dennis E. Cunningham II	8158 Stonehaven Dr	Hayden	ID		83835	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. New Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 37220		6. Signature: <u>M.H. Freeman</u> Date: <u>5/29/13</u> Name (type or print): <u>Marge Freeman</u> Title: <u>Bookkeeper</u>																																				

Issued 05/29/2013 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM