


No. W 102243		Reinstatement Annual Report Form ADMIN DISSOLVED 07/11/2012		2. Registered Agent and Office (NOT A P.O. BOX) GLENN E MOSELL 2233 ALDERCREST EAGLE ID 83616	
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. 2020 CONSULTING LLC GLENN E MOSELL PO BOX 1694 EAGLE ID 83616		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
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"/>		Glenn Mosell	P.O. Box 1694	Eagle ID	US 83616
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: IDAHO W 102243		6. Signature:  Name (type or print): Glenn Mosell		Date: 8/24/12 Title: Manager	
Issued 08/03/2012 by DK1					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM