

No. <b>W 55769</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 01/05/2010</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> WANDA BAKER 2920 S 1300 E HAGERMAN ID 83332														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  SURE SHOT DELIVERY, LLC WANDA BAKER PO BOX 63 WENDELL ID 83355		<b>3. New Registered Agent Signature.</b>														
	<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b> <table border="1"><thead><tr><th>Office Held</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>member</td><td>Wanda Baker</td><td>2920 S 1300 E</td><td>Hagerman</td><td>ID</td><td>Gooding</td><td>83332</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	member	Wanda Baker	2920 S 1300 E	Hagerman	ID	Gooding
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member	Wanda Baker	2920 S 1300 E	Hagerman	ID	Gooding	83332											
<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 55769</b>	<b>6.</b> <table border="1"><tr><td><b>Signature:</b> <u>Wanda Baker</u></td><td><b>Date:</b> <u>1/22/10</u></td></tr><tr><td><b>Name (type or print):</b> <u>Wanda Baker</u></td><td><b>Title:</b> <u>managing member</u></td></tr></table>				<b>Signature:</b> <u>Wanda Baker</u>	<b>Date:</b> <u>1/22/10</u>	<b>Name (type or print):</b> <u>Wanda Baker</u>	<b>Title:</b> <u>managing member</u>									
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