


No. <b>W 2558</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 09/23/2014</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA																																			
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> MOUNTAIN WEST RESEARCH CENTER, L.C. <del>HERMAN LAMMERTS</del> Barry Lyon 6 RESEARCH DRIVE SHELTON CT 06484 USA		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>Survey Sampling International, LLC</td> <td>6 Research Drive</td> <td>Shelton,</td> <td>CT</td> <td></td> <td>06484</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"/>	Survey Sampling International, LLC	6 Research Drive	Shelton,	CT		06484	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 2558</b>		<b>6.</b> Signature:  Name (type or print): <b>David Weatherseed</b> Date: <b>11-18-2014</b> Title: <b>Authorized Person</b>																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**