

No. **W 74448**

Reinstatement Annual Report Form  
ADMIN DISSOLVED 08/10/2011

2. Registered Agent and Office (**NOT A P.O. BOX**)

GLENIS CHRISTOPHERSON  
31641 PECKHAM RD  
WILDER ID 83676

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.

CARBIRD LLC  
*12033 Florida Dr*  
~~10751 W OVERTLAND RD A#4~~  
BOISE ID 83709

3. New 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"/>	Janice Dike	12033 Florida Dr	Boise	Id		83702
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Glenis Christopherson	31641 Peckham Rd.	Wilder	Id		83676 Canyon
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 74448

6.

Signature:

Date: *4-2-12*

Name (type or print):

*Janice Dike*

Title:

*Pres*