No. W 63944	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010	2. Registered Agent and Office (NOT A P.O. BOX)
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. ASSET MANAGEMENT, LLC OSA MCDONALD ~~2256 E PRATO DR~~ ~~MERIDIAN ID 83642~~ 540 W. Bird St. Nampa, ID 83686	OSA MCDONALD ~~2256 E PRATO DR~~ ~~MERIDIAN ID 83642~~ 540 W. Bird St. Nampa, ID 83686
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature.

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 ☒ Member ☐	Osa McDonald	540 W. Bird St.	Nampa	ID		83686
Manager ☐ Member ☐	No other positions are held					
Manager ☐ Member ☐	by any other persons.					
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 63944	Name (type or print): Osa McDonald	8/3/12 Title: Manager

Issued 07/24/2012 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM