No. W 65947	Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009	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. CROSSOVER CONSULTING, LLC ~~449 NEFF CIRCLE~~ ~~BLACKFOOT ID 83221~~ 284 Mark Ave Rexburg ID 83440	SHANE HUMPHERYS ~~449 NEFF CIRCLE~~ ~~BLACKFOOT ID 83221~~ 284 Mark Ave Rexburg ID 83440
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature. [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 [X] Member [ ]	Shane Humpherys	284 Mark Ave	Rexburg	ID	USA	83440
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						

5. Organized Under the Laws of:	6.
IDAHO W 65947	Signature: [signature] Date: 11-8-12 Name (type or print): Shane Humpherys Title: Owner

Issued 11/08/2012 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM