

No. W 89309	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) ROSE M HANSEN 39 S 700 W BURLEY ID 83347
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. STARR COUNTRY SISTERS LLC 572 E ELLIS ST PAUL ID 83347		3. <u>New</u> 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 <input type="checkbox"/> Member <input checked="" type="checkbox"/> (circle one)	<i>Laurie Mance</i>	<i>572 E. Ellis St</i>	<i>Paul, ID</i>	<i>Minnesota</i>	<i>83347</i>	
	<i>Rose M Hansen</i>	<i>39 So 700 W</i>	<i>Burley Id</i>	<i>Cassia</i>	<i>83318</i>	

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 89309 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <i>Rose M Hansen</i> </td> <td style="width: 30%;"> Date: <i>4/6/11</i> </td> </tr> <tr> <td> Name (type or print): <i>ROSE M Hansen</i> </td> <td> Title: <i>co-owner</i> </td> </tr> </table>	Signature: <i>Rose M Hansen</i>	Date: <i>4/6/11</i>	Name (type or print): <i>ROSE M Hansen</i>	Title: <i>co-owner</i>
Signature: <i>Rose M Hansen</i>	Date: <i>4/6/11</i>				
Name (type or print): <i>ROSE M Hansen</i>	Title: <i>co-owner</i>				

Issued 03/17/2011 by SLD