

No. <b>W 127817</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/03/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> AILEEN HALE 2040 N 16TH ST BOISE ID 83702																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> GLOBAL SERVICE PARTNERSHIPS, LLC KELLI SOLL PO BOX 6775 BOISE ID 83708 2502 Woodlawn Avenue Boise, Idaho 83702		Kelli Soll 2502 Woodlawn Avenue Boise, Idaho 83702																																				
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			3. <b>New</b> Registered Agent Signature. Kelli Soll																																				
4. <b>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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kelli Soll</td> <td>2502 Woodlawn Ave</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83702</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Kelli Soll	2502 Woodlawn Ave	Boise	ID	USA	83702	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kelli Soll	2502 Woodlawn Ave	Boise	ID	USA	83702																																	
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:  <b>IDAHO</b> <b>W 127817</b>		6. <table border="1"> <tr> <td>Signature: Kelli Soll</td> <td>Date: 2/13/16</td> </tr> <tr> <td>Name (type or print): Kelli Soll</td> <td>Title: Manager</td> </tr> </table>			Signature: Kelli Soll	Date: 2/13/16	Name (type or print): Kelli Soll	Title: Manager																															
Signature: Kelli Soll	Date: 2/13/16																																						
Name (type or print): Kelli Soll	Title: Manager																																						