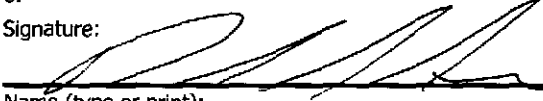


No. W 72428	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) ERIC C HOLLOWAY 8422 W ORBIT BOISE ID 83709																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ONSITE SERVICES LLC DARRELL H HOLLOWAY <i>Eric Holloway</i> PO BOX 190574 BOISE ID 83713-2552		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Eric Holloway</i></td> <td><i>8422 W. Orbit Dr</i></td> <td><i>Boise</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83709-0574</i></td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>David Son</i></td> <td><i>2492 W. Cerulean Dr</i></td> <td><i>Kuna</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83634</i></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 type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Eric Holloway</i>	<i>8422 W. Orbit Dr</i>	<i>Boise</i>	<i>ID</i>	<i>USA</i>	<i>83709-0574</i>	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>David Son</i>	<i>2492 W. Cerulean Dr</i>	<i>Kuna</i>	<i>ID</i>	<i>USA</i>	<i>83634</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 72428	6. Signature:  Name (type or print): <i>David Son</i>			Date: <i>6/29/16</i> Title: <i>General Manager</i>																																		