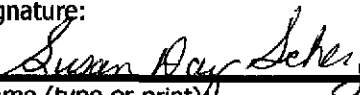


No. W 145201	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX) SUSAN DAY SCHERZ, ED.D 1110 YELLOWSTONE AVE #115 POCATELLO ID 83201
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SAGEBRUSH CONSULTANTS: EDUCATIONAL SUPPORT SERVICES, LLC SAGEBRUSH CONSULTANTS: SCHERZ, ED.D 1110 YELLOWSTONE AVE #115 POCATELLO ID 83201		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Susan Scherz,	1110 Yellowstone,	#115,	Pocatello,	ID	USA 83201
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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 145201 </div>	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print) Susan Scherz </div> <div style="width: 35%;"> Date: <u>November 7, 2017</u> Title: <u>Member</u> </div> </div>
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Issued 11/06/2017 by online