

No. W 128804 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016 1. Mailing Address: Correct in this box if needed. COMPASS GROUP, LLC Catherine E. Holloway 610 AUTUMN DR REXBURG, ID 83440	2. Registered Agent and Office (NOT A P.O. BOX) STEVE HOLLOWAY 610 AUTUMN DR REXBURG ID 83440 NEW REGISTERED AGENT: CATHERINE HOLLOWAY 610 AUTUMN DR REXBURG ID 83440 3. New Registered Agent Signature. <i>Catherine Holloway</i>																																			
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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="6">Catherine E. Holloway - 610 AUTUMN DR REXBURG, ID 83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Catherine E. Holloway - 610 AUTUMN DR REXBURG, ID 83440						Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 128804	6. Signature: <i>Catherine E Holloway</i> Name (type or print): Catherine E. Holloway Date: <u>9-1-17</u> Title: <u>Manager</u>																																				

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