

No. W 55203	Reinstatement Annual Report Form ADMIN DISSOLVED 01/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) ROB NELSON 5126 GAGE ST BOISE ID 83706				
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. R&C MANAGEMENT, LLC 14066 W BATTENBERG CT 5126 W Gage St BOISE ID 83713 Boise, ID 83706		3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
<table border="0" style="width:100%"> <tr> <td style="width:25%">Manager or Member</td> <td style="width:25%">Name</td> <td style="width:25%">Street or PO Address</td> <td style="width:25%">City State Country Postal Code</td> </tr> </table>				Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager or Member	Name	Street or PO Address	City State Country Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Charlene Nelson 5126 Gage St Boise, Id 83706						
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: IDAHO W 55203	6. Signature: <u>Charlene Nelson</u> Date: <u>1-29-13</u> Name (type or print): <u>Charlene Nelson</u> Title: <u>EFO</u>						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM