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| No. W 2089 | Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012 | | 2. Registered Agent and Office (NOT A P.O. BOX) WILLIAMS BRADBURY PC 1015 W HAYS ST BOISE ID 83702 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. SAMAS, LLC 4064 N BAYOU LN BOISE ID 83703 | | 3. <u>New</u> Registered Agent Signature. |
| REINSTATEMENT FEE DUE: \$30.00 | | | |

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 checked="" type="checkbox"/> | ANDREA B. SARGENT | 4064 N. BAYOU LN. | BOISE | ID | ADA | 83703 |
| Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> | RONALD D. SARGENT | 4064 N. BAYOU LN. | BOISE | ID | ADA | 83703 |
| 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: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 2089 </div> | 6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature: <u>Andrea B. Sargent</u> </td> <td style="width: 40%;"> Date: <u>9-12-16</u> </td> </tr> <tr> <td> Name (type or print): <u>ANDREA B. SARGENT</u> </td> <td> Title: <u>Manager Member</u> </td> </tr> </table> | Signature: <u>Andrea B. Sargent</u> | Date: <u>9-12-16</u> | Name (type or print): <u>ANDREA B. SARGENT</u> | Title: <u>Manager Member</u> |
| Signature: <u>Andrea B. Sargent</u> | Date: <u>9-12-16</u> | | | | |
| Name (type or print): <u>ANDREA B. SARGENT</u> | Title: <u>Manager Member</u> | | | | |

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