		FILE	D E	FECT	IVE
No. W 94900	Reinstatement Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)			
Return to:	ADMIN DISSOLVED 10/05/2011				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.				- 21 8
450 N 4th STREET PO BOX 83720	COC DICTAL COLUTIONS LLO	MERIDIAN Michael Pre			70
BOISE, ID 83720-0080	626 DIGITAL SOLUTIONS LLC PO BOX 714	3263 Ashwa	ad Ln#	2 20	ri/ID
	3263 ASHWOOD LN #2	PO BOX			83427
	IONA ID 83427	3. New Register	ed Agent	Signature.	3
		Muchael	1/1/2	Nes 7	
REINSTATEMENT			070		
FEE DUE: \$30.00					
	es: Enter Names and Addresses of Managers OR Members. Se	e_Instructions.			
Manager or Member Nam		City	State	Country	Postal Code
Manager Member (circle one) Michael Prober	.t 3263 Ashwood Un#2	Jlona	ID	USA	83427
THOMACI TOURS	PO Box 714	1			
Michelle Probe	7 22/2 01 10 152	 	7 n	1160	83427
MICHELL HOPE	3 03 11311WOOC -11 11 01	Iona	TD	H<	07 12 (
	PO Box 714	ĺ			
	- 1-1	•			
5. Organized Under the Laws of	· 6.				
	Signature: Michael Broll	****		Data	,, ,, ,, ,,
IDAHO	The way the the			Date.	1-21-2011
W 94900	Name (type or print): Michael Prob	+		Title.	, ,
	Maine (type of print). MI Chael 1000	eri		Tide:)wner
Issued 11/10/2011 by SLD					