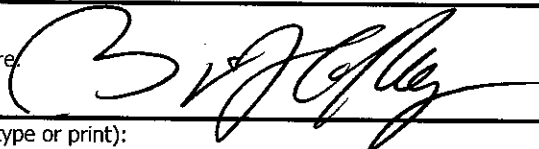


No. W 107054	Reinstatement Annual Report Form ADMIN DISSOLVED 12/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) BRIAN J COFFEY 3350 AMERICANA TERRACE STE 205 BOISE ID 83706 6126 W STATE ST STE 107A BOISE ID 83703
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. COFFEY & ASSOCIATES, LLC BRIAN J COFFEY 3350 AMERICANA TERRACE STE 205 BOISE ID 83706 6126 W STATE ST STE 107A BOISE ID 83703		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	BRIAN J. COFFEY	6126 W STATE ST				
		STE 107A				
		BOISE ID USA				83703
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 107054 </div>	6. Signature:  <hr/> Name (type or print): BRIAN J. COFFEY <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: 12-12-12 <hr/> Title: MEMBER <hr/> </div> </div>
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Issued 12/11/2012 by SLD