## FILED EFFECTIVE

No. W 20376	Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009  1. Mailing Address: Correct in this box if needed.		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL DESSERT 3910 BUCKINGHAM PL. BOISE ID 83704 1/34( W. Comas Bullet ID 83 300 3. New Registered Agent Signature.			
Return to:						
SECRETARY OF STATE 450 N 4th STREET						
PO BOX 83720 BOISE, ID 83720-0080	DESERT SKY PAIN					
	11341 W CAMAS ST BOISE ID 83709					
REINSTATEMENT FEE DUE: \$30.00			1			
4. Limited Liability Compani	es: Enter Names and Add	resses of Managers OR Members.				·
Office Held Nam	***************	Street or PO Address	City	State	Country	Postal Code
Owner Mic	herel Dessert	1841 W. Comes	Boise	$\mathcal{I}\!\mathcal{D}$	Ada	83×4
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5. Organized Under the Laws		I mg			Date: A	V 10 10
IDAHO				r bay	Date: 2	1-10-10
W 20376	Name (type or p	rint): Michael Doss	ert_		Title:	wer
Squed 04/07/2010 by SLD					7)	100