No. W 97539	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2014	2. Registered Agent and Office **(NOT A P.O. BOX)**
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.** KEY SOLUTIONS, LLC MIKE LAWRENCE ~~1338 WILMORE AVE~~ 454 Fillmore St. TWIN FALLS ID 83301	MICHAEL E LAWRENCE ~~1338 WILMORE AVE~~ 454 Fillmore St. TWIN FALLS ID 83301
REINSTATEMENT FEE DUE: $30.00		3. New 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 ☐ Member ☒	Michael Lawrence	454 Fillmore St.	Twin Falls	Idaho		83301
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 97539	Signature: Mike Lawrence Date: 7-7-15 Name (type or print): MICHAEL LAWRENCE Title: MEMBER

Issued 07/07/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM