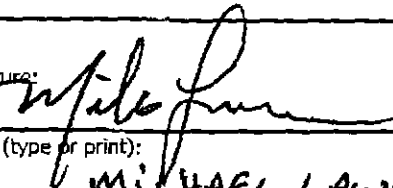


No. W 97539		Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL E LAWRENCE 1938 WILMORE AVE 454 Fillmore St. TWIN FALLS ID 83301	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. KEY SOLUTIONS, LLC MIKE LAWRENCE 1938 WILMORE AVE 454 Fillmore St. TWIN FALLS ID 83301		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 Fall,	Idaho 83301
Manager ☐ Member ☐					
Manager ☐ Member ☐					
Manager ☐ Member ☐					
5. Organized Under the Laws of: IDAHO W 97539		6. Signature:  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