No. W 128053	Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017	2. Registered Agent and Office (NOT A P.O. BOX) PICHARD F CRAM 11000 N HWY 52 HORSESHOE BEND ID 83629
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CRAM QUARY LLC RICHARD W CRAM 11911-153RD AVE E 000 N Hwy S Z.	
reinstatement fee due: \$30.00	SUMNER WA 98391 HURSESHUE BENDIE 83629	3. Mew Registered Agent Signature. Kasen K Cram Kanen Cram
4. Limited Liability Manager or Member Manager Member Manager Member Manager Member Manager Member	Companies: Enter Names and Addresses of Manager Name Street or PO Address City K Aren (ram 11000 N Hwys 2 H Richard (ram 11000 N Hwys 52 H	State Country - Postal Code
Manager Member		
5. Organized Under the Later IDAHO W 128053	Name (type or print): KAYEN CVAN	December 2017 Title: Managing Member
Issued 12/14/2017 by onlin	e	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM