


FILED EFFECTIVE

No. W 59305		FILED EFFECTIVE Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012		2. Registered Agent and Office (NOT A P.O. BOX) KALEB DOUGHTY 821 1/2 LONESTAR RD NAMPA ID 83651 14 S. State St. Nampa, ID 83651	
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. TRINITY LAWN AND LANDSCAPE LLC JOSH F DOUGHTY 626 ARROWHEAD DR NAMPA ID 83686 USA 14 S. State St. Nampa, ID 83651		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	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Josh Doughty		626 Arrowhead Dr Nampa Id USA 83686	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Kaleb Doughty		14 S. State St. Nampa ID USA 83651	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 59305		Signature:		Date:	
		 Name (type or print):		4/7/14 Title:	
		Kaleb Doughty		Member	
Issued 04/07/2014 by online					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.