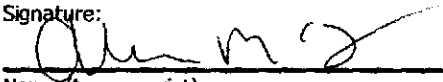


<b>No. W 117069</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> ALVIN MCCOY 112 LYNN LANE HARPSTER ID 83552																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MCCOY AND SONS LLC ALVIN MCCOY 112 LYNN LANE HARPSTER ID 83552		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 25%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Alvin McCoy</td> <td>112 Lynn Lane</td> <td>Harpster ID</td> <td>USA</td> <td></td> <td>83552</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Alvin McCoy	112 Lynn Lane	Harpster ID	USA		83552	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">IDAHO W 117069</div>		<b>6.</b> Signature:  <hr/> Name (type or print): <u>Alvin McCoy</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Date: <u>12-28-16</u>  <hr/>           Title: <u>owner/manager</u> </div> </div>																																				
Issued 12/28/2016 by online																																						