


No. <b>W 98172</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/24/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> POLLY <del>KUEN</del> <b>KUEHN</b> 15079 HORSESHOE DR CALDWELL ID 83607																																										
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> AMF1B, LLC MICHAEL W MCCABE 372 S EAGLE ROAD PMB 336 EAGLE ID 83616 15079 HORSESHOE DR CALDWELL, ID 83607		3. <u>New</u> Registered Agent Signature.																																										
4. <b>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="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 25%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 15%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>MIKE MCCABE</td> <td>6905 S.</td> <td>1300 E.</td> <td>#122</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>COTTONWOOD</td> <td>HEIGHTS</td> <td>UT</td> <td></td> <td>84047</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"/>	MIKE MCCABE	6905 S.	1300 E.	#122					COTTONWOOD	HEIGHTS	UT		84047	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MIKE MCCABE	6905 S.	1300 E.	#122																																									
		COTTONWOOD	HEIGHTS	UT		84047																																							
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																													
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																													
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																													
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">           IDAHO            W 98172         </div>		6. Signature:  <hr/> Name (type or print): MIKE MCCABE																																											
Issued 03/01/2017 by online		Date: 3/1/17 Title: MANAGER																																											

INSTRUCTIONS FOR THE TRAILER ANNUAL REPORT FORM