

No. W 134080	Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CORY HAMRICK 11368 W CREEK RAPIDS DRIVE STAR ID 83669-8366
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. Mailing Address: Correct in this box if needed.  DRAKE EXCAVATION AND HABITAT INNOVATIONS LLC CORY HAMRICK 11368 W CREEK RAPIDS DRIVE STAR ID 83669		3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name <i>Cory Hamricker</i>	Street or PO Address <i>11368 W CREEK RAPIDS DR STAR ID 83669</i>	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Tash Kling 25998 Hwy 95 Payette ID 83660</i>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  IDAHO W 134080	6. Signature:  Name (type or print): <i>Cory Hamricker</i>		
	Date: <i>6/6/16</i> Title: <i>MEMBER</i>		

Issued 06/08/2016 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**