


No. <b>W 134080</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> DRAKE EXCAVATION AND HABITAT INNOVATIONS LLC CORY HAMRICK 11368 W CREEK RAPIDS DRIVE STAR ID 83669		CORY HAMRICK 11368 W CREEK RAPIDS DRIVE STAR ID 83669-8366  3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Cory Hamrick</td> <td>11368 W CREEK RAPIDS DR</td> <td>STAR ID</td> <td>83669</td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>TOSH Kling</td> <td>25998 Hwy 95</td> <td>PARMA</td> <td>TO</td> <td>83660</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Cory Hamrick	11368 W CREEK RAPIDS DR	STAR ID	83669			Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TOSH Kling	25998 Hwy 95	PARMA	TO	83660		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 134080</b>	6. Signature:  Date: <u>6/6/16</u> Name (type or print): <u>CORY HAMRICK</u> Title: <u>MEMBER</u>																																					

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**