


No. W 98569	Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015		2. Registered Agent and Office (NOT A P.O. BOX) TOM OXFORD 1297 BLUME HILL ROAD BONNERS FERRY ID 83805
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. RM EQUIPMENT LLC ERIK SKEEN 183 GEM PARKS ROAD BONNERS FERRY ID 83805 USA		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	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Erik Skeen	181 Gem Parks Rd	Bonnors Ferry	ID	USA	83805
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tom Oxford	1297 Blume Hill Rd	Bonnors Ferry	ID	USA	83805
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;"> IDAHO W 98569 </div>	6. Signature:  <hr/> Name (type or print): <u>Erik Skeen</u>	Date: <u>7.2.15</u> <hr/> Title: <u>Member</u>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM