FILED EFFECTIVE

No. **W 73107** Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **REINSTATEMENT** **FEE DUE: $30.00**	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2009<hr>**1. Mailing Address: Correct in this box if needed.** MABEY DEVELOPMENT PARTNERSHIP LLC CHRISTOPHER J MABEY 141 W 1ST S BANCROFT ID 83217	2. Registered Agent and Office **(NOT A P.O. BOX)** CHRISTOPHER J MABEY 141 W 1ST S BANCROFT ID 83217<hr>3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Co-Owner	Christopher J. Mabey	P.O.B 225	Bancroft	ID	USA	83217
Co-Owner	Brandon Mabey	11473 Dempsey ck	Lava	ID	USA	

5. Organized Under the Laws of: **IDAHO** **W 73107** Issued 08/03/2009 by NLB	6. Signature: *Christopher J Mabey* Date: 8/19/20__ Name (type or print): Christopher J. Mabey Title: Co-owner

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a <u>new</u> registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note: <u>Do not</u> put "same as last year" or "same as above". These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.