No. **W 100295**	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** PK SERVICES LLC ~~RILEY B KURTZ~~ Rebekah L Gallegos ~~1302 S DESERT ROCK RD~~ 707 S 5 SW ~~REXBURG ID 83440~~	~~RILEY KURTZ~~ Rebekah L Gallegos ~~303 LAMPRECHT HALL~~ 707 S S W ~~525 S CENTER ST~~ REXBURG ID 83440
REINSTATEMENT FEE DUE: **$30.00**	PO Box 1026 Rexburg ID 83440	3. New Registered Agent Signature. *(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 ☒ Member ☐	Rebekah Gallegos	PO Box 1026	Rexburg	ID	Maddison	83440
Manager ☒ Member ☐	Diogenes Gallegos	PO Box 1026	Rexburg	ID	Maddison	83440
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of: IDAHO W 100295	6. Signature: *(signature)* Name (type or print): Rebekah Gallegos	Date: 6/11/15 Title: Owner

Issued 06/11/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM