No. W 108617	Reinstatement Annual Report Form ADMIN DISSOLVED 02/14/2014	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.** D AND E LANDSCAPE AND SPRINKLERS LLC 5787 W GUIDO LN NAMPA ID 83687	DELORES REED 5787 W GUIDO LN NAMPA ID 83687
REINSTATEMENT FEE DUE: **$30.00**		3. New 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 ☑ Member ☐	Delores J. Reed	5787 Guido	Nampa,	Ia	Ada	83687
Manager ☐ Member ☑	Efren Felix	5787 guido	Nampa	Ia	Ada	83687
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of: IDAHO W 108617	6. Signature: *Delores J Reed* Date: 2-23-14
	Name (type or print): Title:

Issued 02/20/2014 by JAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing 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 new registered agent must sign in Block 3.

Block 4: Check either **Member** or **Manager.** Enter names and business addresses of managers or members of the limited liability