

No. <b>W 81488</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/26/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DOUGLAS S ERICKSON 12884 GALLOWAY RD MIDDLETON ID 83644
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> DSEIRICKSON LLC. DOUG ERICKSON 12884 GALLOWAY RD MIDDLETON ID 83644		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"/> Sherry Erickson 12884 Galloway, Middleton ID 83644			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Douglas Erickson 12884 Galloway, Middleton, ID 83644			
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; font-weight: bold; font-size: large;">             IDAHO              W 81488           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature: <u>Sherry Erickson</u>            Name (type of print): <u>Sherry Erickson</u> </div> <div style="width: 35%;">           Date: <u>6/6/15</u>            Title: <u>owner</u> </div> </div>	
Issued 06/01/2015 by TLB			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM