

FILED EFFECTIVE

No. W 112433	Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014			2. Registered Agent and Office (NOT A P.O. BOX) UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702 USA MIKE MANWILL 295 HARRISBURG LN IDAHO FALLS ID 83404		
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. AGP CONSORTIUM LLC MIKE MANWILL 295 HARRISBURG LN IDAHO FALLS ID 83404			P.O. Box 2224 IDAHO FALLS ID 83403		
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature. <i>Mike Manwill</i>		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Name <i>Mike Manwill</i>	Street or PO Address <i>P.O. Box 2224</i>	City <i>IDAHO FALLS</i>	State <i>ID</i>	Country <i>USA</i>	Postal Code <i>83403</i>
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>Bonneville</i>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of: IDAHO W 112433	6. Signature:  Name (type or print): <i>Mike Manwill</i>					
	Date: <u>6-18-18</u> Title: <u>Mgr/mb</u> <u>President</u>					

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