


No. W 89961	Reinstatement Annual Report Form ADMIN DISSOLVED 04/15/2013		2. Registered Agent and Office (NOT A P.O. BOX) CHAD A CAMPOS 591 PARK AVE STE 303 IDAHO FALLS ID 83402
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BLACK ROCK PAVING LLC 3821 S 3300 W REXBURG ID 83440		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"/> <i>Tim Jensen</i> <i>3821 S. 3300 W.</i> <i>Rexburg</i> <i>ID</i> <i>Madison</i> <i>83440</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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 89961 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): <u>Tim Jensen</u> </div> <div> Date: <u>5-5-13</u> Title: <u>Member</u> </div> </div>	
Issued 05/01/2013 by SLD			