


No. <b>W 86307</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> GREG ORAM 5902 N WELLSRING WAY BOISE ID 83713																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> T-BONE'S LAWN CARE LLC GREGORY PHILLIP ORAM 5902 N WELLSRING WAY BOISE ID 83713		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Greg Oram</td> <td>5902 N. Wellspring Blvd</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83713</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Tyler Oram</td> <td colspan="5">Same as above</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jacob Oram</td> <td colspan="5">Same as above</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Greg Oram	5902 N. Wellspring Blvd	Boise	ID	USA	83713	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tyler Oram	Same as above					Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jacob Oram	Same as above					Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 86307</b>		6. Signature:  Date: <u>11/19/12</u> Name (type or print): <u>Greg Oram</u> Title: _____																																				
Issued 11/19/2012 by DK1																																						

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM