

No. W 101636		Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>		
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.  MILLER'S EXCAVATING, LLC 1724 S EAGLESON RD BOISE ID 83705		ANDY MILLER 1724 S EAGLESON RD BOISE ID 83705  504 Sunrise Dr. Mountain Home ID 83647		
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
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Sherman Miller (Andy) 504 Sunrise Dr USA Mountain Home ID 83647				
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:		6.				
IDAHO W 101636		Signature: _____ Name (type or print): _____				
		Date: <u>2/3/15</u> Title: <u>Owner</u>				
Issued 02/03/2015 by JL1						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

1. **Return Address:** Pay special attention to the mailing address. If the