

No. W 101636	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) ANDY MILLER 1724 S EAGLESON RD BOISE ID 83705 504 Sunrise Dr. Mountain Home ID 83647
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. MILLER'S EXCAVATING, LLC 1724 S EAGLESON RD BOISE ID 83705 504 Sunrise Dr. Mountain Home ID 83647		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 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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 101636 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: </td> <td style="width: 40%;"> Date: 2/3/15 </td> </tr> <tr> <td> Name (type or print): Sherman Andrew Miller </td> <td> Title: Owner </td> </tr> </table>	Signature: 	Date: 2/3/15	Name (type or print): Sherman Andrew Miller	Title: Owner
Signature: 	Date: 2/3/15				
Name (type or print): Sherman Andrew Miller	Title: Owner				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

2. Pay special attention to the mailing address. If the