



No. W 120658	Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) BYRON SANDER <i>Marcus</i> 2215 BRENEMAN <i>Callkins</i> BOISE ID 83702 <i>40 3913</i> <i>Morningwind Boise Id</i> <i>83706</i>																																			
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. ALL PRO LLC 3913 MORNINGWIND BOISE ID 83706 <i>3527 S. Federal Way,</i> <i>Suite 103 Boise Id</i> <i>83705 #20</i>		3. New 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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>Marcus</i></td> <td><i>Callkins</i></td> <td><i>3913</i></td> <td><i>Morningwind</i></td> <td><i>Ida</i></td> <td><i>83706</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Marcus</i>	<i>Callkins</i>	<i>3913</i>	<i>Morningwind</i>	<i>Ida</i>	<i>83706</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"/>						
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5. Organized Under the Laws of: IDAHO W 120658		6. Signature:  Name (type or print): _____ Date: <i>5-18-16</i> Title: _____																																				
Issued 05/18/2016 by JL1																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM