


<b>No. W 21731</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/30/2015</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> ROBERT MAIRS 3117 CHERRY LN BOISE ID 83705																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ROBERT A. MAIRS CONSTRUCTION, LLC ROBERT A MAIRS 3117 CHERRY LN BOISE ID 83705 USA		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Rob Mairs</td> <td>3117 Cherry Ln</td> <td>Boise</td> <td>ID</td> <td>Ada</td> <td>83705</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Rob Mairs	3117 Cherry Ln	Boise	ID	Ada	83705	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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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 21731</div>		<b>6.</b> Signature: <u></u> Date: <u>4-27-15</u> Name (type or print): <u>Robert A. Mairs</u> Title: <u>Owner</u>																																				
Issued 04/27/2015 by online																																						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM