

No. W 111423	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015		2. Registered Agent and Office (NOT A P.O. BOX) JASON KELLER 59 N 2ND W PRESTON ID 83263																																			
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. KELLER LANDSCAPING, LLC JASON K KELLER 59 N 2ND W PRESTON ID 83263		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JASON KELLER</td> <td>59 N 2nd W</td> <td>Preston</td> <td>ID</td> <td></td> <td>83263</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Babe H Keller</td> <td>59 N. 2nd W</td> <td>Preston</td> <td>ID</td> <td></td> <td>83263</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 checked="" type="checkbox"/>	JASON KELLER	59 N 2nd W	Preston	ID		83263	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Babe H Keller	59 N. 2nd W	Preston	ID		83263	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: <div style="text-align:center;"> IDAHO W 111423 </div>	6. Signature:  <hr/> Name (type or print): Jason K Keller		Date: 6-16-15 <hr/> Title: 6-16-15																																			
Issued 06/11/2015 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM