




No. W 88400 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2012	2. Registered Agent and Office (NOT A P.O. BOX) STEVEN L AYLES 2925 E PACKSADDLE COEUR D ALENE ID 83815 3. <u>New</u> Registered Agent Signature.																																			
1. Mailing Address: Correct in this box if needed. MERKLAS, LLC STEVEN L AYLES 2925 E PACKSADDLE COEUR D ALENE ID 83815 USA																																					
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 type="checkbox"/></td> <td>Steve Ayles</td> <td>2925 E. Packsaddle Dr.,</td> <td>Coeur d'Alene,</td> <td>ID</td> <td></td> <td>83815</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"/>	Steve Ayles	2925 E. Packsaddle Dr.,	Coeur d'Alene,	ID		83815	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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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the mailing address is incorrect in Block 1, it will be sent and will be the correct address. **Block 2:** To ensure future mailings, the