


No. W 85462	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) TRAVIS FROEHLICH 5525 CALEN LN POCATELLO ID 83202	
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. SMOKIN DEALS TRUCK PARTS, LLC TRAVIS FROEHLICH 5525 CALEN LN POCATELLO ID 83202		3. <u>New</u> Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.					
Manager/Member	Name	Street or PO Address	City	State	Country Postal Code
	Travis Froehlich	5525 Calen	Ln	Id	US 83202

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 85462 </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <u>Travis Froehlich</u> </div> <div style="width: 35%;"> Date: <u>11-15-10</u> <hr/> Title: <u>owner</u> </div> </div>
--	---

Issued 11/09/2010 by LJM

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address must be inside Block 1