

11/20/2015

W 41691

No. <b>W 41691</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015</b>		2. Registered Agent and Office (NOT A P.O. BOX) SARAH FOSTER 29 ADAMS RANCH RD LEADORE ID 83464																																			
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. FOSTER WELL DRILLING AND CONSTRUCTION, L.L.C. PO BOX 46 LEADORE ID 83464		3. <u>New</u> Registered Agent Signature.																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>	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="width:15%;">Manager or Member</th> <th style="width:15%;">Name</th> <th style="width:25%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:5%;">State</th> <th style="width:10%;">Country</th> <th style="width:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Sarah Barton</td> <td>PO BOX 46</td> <td>Leadore</td> <td>ID</td> <td>Lehhi</td> <td>83464</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jerry Foster</td> <td>PO BOX 46</td> <td>Leadore</td> <td>ID</td> <td>Lehhi</td> <td>83464</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"/>	Sarah Barton	PO BOX 46	Leadore	ID	Lehhi	83464	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jerry Foster	PO BOX 46	Leadore	ID	Lehhi	83464	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; font-weight: bold;">                     IDAHO W 41691                 </div>	6. Signature: <u>Sarah Foster - Barton</u> Date: <u>11/20/15</u> Name (type or print): <u>Sarah Foster - Barton</u> Title: <u>Co-owner</u>																																					

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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 correct mailing 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.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.