

No. W 146359	Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017		2. Registered Agent and Office (NOT A P.O. BOX) ANDREW L MAIN 1211 S LEADVILLE AVE BOISE ID 83706																																			
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. MAINLINE ENTERPRISES, LLC ANDREW L MAIN 1211 S LEADVILLE AVE BOISE ID 83706 617 Sprucecreek Dr. → Nampa ID 83686		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ANDREW MAIN</td> <td>617 sprucecreek drive nampa</td> <td>ID</td> <td></td> <td></td> <td>83706 83686</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>TAHNEE MAIN</td> <td>617 sprucecreek drive nampa</td> <td>ID</td> <td></td> <td></td> <td>83686</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"/>	ANDREW MAIN	617 sprucecreek drive nampa	ID			83706 83686	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	TAHNEE MAIN	617 sprucecreek drive nampa	ID			83686	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: IDAHO W 146359	6. Signature: _____ Date: <u>9-18-2017</u> Name (type or print): <u>ANDREW MAIN</u> Title: <u>manager/member</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM