

No. <b>W 87625</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 01/16/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> RANDY HARTLEY 1869 E SELTICE WAY #284 POST FALLS ID 83854																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> ALPHA-BETA SERVICE & MAINTENANCE LLC DEBORAH B DURANT 1869 E SELTICE WAY #284 POST FALLS ID 83854 USA		3. <u>New</u> Registered Agent Signature.																																			
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>Gene Durant</td> <td>2141 W Cannon Ave</td> <td>Post Falls</td> <td>ID</td> <td></td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Deborah Durant</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"/>	Gene Durant	2141 W Cannon Ave	Post Falls	ID		83854	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Deborah Durant	"	"	"	"	"	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-size: 1.2em;">             IDAHO              W 87625           </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  <u>Deborah Durant</u> </td> <td style="width: 40%;">           Date:  <u>1-18-2015</u> </td> </tr> <tr> <td>           Name (type or print):  <u>Deborah Durant</u> </td> <td>           Title:  <u>Book Keeper</u> </td> </tr> </table>		Signature: <u>Deborah Durant</u>	Date: <u>1-18-2015</u>	Name (type or print): <u>Deborah Durant</u>	Title: <u>Book Keeper</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