


No. W 47121	Reinstatement Annual Report Form ADMIN DISSOLVED 05/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) JOHNNY AGUINAGA 2158 WESTCLIFF IDAHO FALLS ID 83402																																			
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. ALL PHASE CONSTRUCTION, LLC JOHNNY AGUINAGA 2158 WESTCLIFF PO Box 51330 IDAHO FALLS ID 83402 83405																																		
3. New 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Johnny Aguinaga</td> <td>2158 Westcliff IF</td> <td>ID</td> <td>USA</td> <td></td> <td>83402</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Phil Forbord</td> <td>2996 Jackie CT</td> <td>ID</td> <td>USA</td> <td></td> <td>83402</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Johnny Aguinaga	2158 Westcliff IF	ID	USA		83402	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Phil Forbord	2996 Jackie CT	ID	USA		83402	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 47121		6. Signature:  Date: <u>1-16-14</u> Name (type or print): <u>Johnny Aguinaga</u> Title: <u>Member</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM