


No. W 156819	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) CYRIL CRAUET 602 S CURTIS RD BOISE ID 83705-8370
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. EVERYDAY OPERATOR SOLUTIONS, LLC CYRIL CRAUET 602 S CURTIS RD BOISE ID 83705 USA		<div style="text-align: right;"> 27 skyline rd Idaho city 83631 </div>
REINSTATEMENT FEE DUE: \$30.00	<div style="text-align: center;"> 27 skyline rd Idaho city ID 83631 </div>		3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Cyril Crauet	27 skyline rd	Idaho city	ID	USA	83631
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 156819 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): Cyril CRAUET </div> <div style="width: 35%;"> Date: 01-02-2018 Title: Mn </div> </div>
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Received 01/02/2018 by JLI