

No. W 84569	Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012					2. Registered Agent and Office (NOT A P.O. BOX) LARRY WALLACE 1100 N RAPID CREEK RD INKOM ID 83245	
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. WALLACE DISTRIBUTING, LLC LARRY WALLACE 360 S 4TH AVE #124 POCATELLO ID 83201 USA					3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code	
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: IDAHO W 84569		6. Signature:  Name (type or print): <u>Larry Wallace</u>					
		Date: <u>11/15/12</u> Title: <u>Manager</u>					

Issued 10/23/2012 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM