


No. W 138417	Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015		2. Registered Agent and Office (NOT A P.O. BOX) MELVIN D AMOS III 1427 CANYON AVE IDAHO FALLS ID 83402 <i>12238 W. Palm Ct.</i> <i>Boise, ID 83713</i>
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. 4ALARM RESTORATION AND CLEANING LLC 1427 CANYON AVE IDAHO FALLS ID 83402 <i>12238 W. Palm Ct.</i> <i>Boise, ID 83713</i>		3. New 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"/>	Melvin D. Amos III	12238 W. Palm Ct.	Boise	ID	USA	83713
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; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 138417</div>	6. Signature:  <hr/> Name (type or print): <i>Melvin D. Amos III</i> <hr/> <div style="text-align: right;"> Date: <i>10/4/15</i> <hr/> Title: <i>owner</i> <hr/> </div>
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Issued 10/05/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM