

No. W 70719	Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) KALEB J PHELPS 1382 N 750 E SHELLEY ID 83274
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. TURFCO, LLC KALEB J PHELPS 1382 N 750 E SHELLEY ID 83274 USA		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Kaleb Phelps	1382 N 750 E	Shelley ID US 83274
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lisa Phelps	1382 N 750 E	Shelley ID US 83274
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 W 70719 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature: <u>Kaleb Phelps</u> Name (type or print): <u>Kaleb Phelps</u> </div> <div style="width: 35%;"> Date: <u>4/28/15</u> Title: <u>Member</u> </div> </div>	
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INSTRUCTIONS FOR THE TRAILER ANNUAL REPORT FORM