


| No. W 79439 | Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015 | | 2. Registered Agent and Office (NOT A P.O. BOX) CORNELL HENDERSON 2225 TASCILE LN POCATELLO ID 83204 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|---------|----------------------|------|-------|---------|-------------|---|------------------|------------|-----------|----|--|-------|---|-------------------|--------------|-----------|----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. R. JAY & CORNELL SNOWREMOVAL, LC R, JAY HENDERSON 2437 BRUCE POCATELLO ID 83201 USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 3. <u>New</u> 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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>R. Jay Henderson</td> <td>2437 Bruce</td> <td>Pocatello</td> <td>ID</td> <td></td> <td>83201</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Cornell Henderson</td> <td>2225 Tascile</td> <td>Pocatello</td> <td>ID</td> <td></td> <td>83204</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 checked="" type="checkbox"/> Member <input type="checkbox"/> | R. Jay Henderson | 2437 Bruce | Pocatello | ID | | 83201 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Cornell Henderson | 2225 Tascile | Pocatello | ID | | 83204 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | R. Jay Henderson | 2437 Bruce | Pocatello | ID | | 83201 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Cornell Henderson | 2225 Tascile | Pocatello | ID | | 83204 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 79439 | | 6. Signature:  Date: <u>10/7/2015</u> Name (type or print): <u>R. Jay Henderson</u> Title: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Issued 10/08/2015 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM