


No. W 61583	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) TODD DAVIS 117 W MAIN REXBURG ID 83440
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. T.L. DAVIS HOMES, LLC TODD DAVIS 117 W MAIN REXBURG ID 83440		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"/>	Todd Davis	117 W. Main	Rexburg, ID Madison 83440
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 W 61583 </div>		6. Signature:  Date: <u>8/3/15</u> Name (type or print): <u>Todd Davis</u> Title: <u>Manager</u>	
Issued 07/27/2015 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct