

No. W 129093	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) SCOTT R SEEDALL 1192 S 52ND E IDAHO FALLS ID 83401																																			
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. UNDERGROUND INVESTMENTS, LLC C/O SEEDALL LAW OFFICE PC PO-BOX-3179 <i>1192 S. 52nd E</i> IDAHO FALLS ID 83403 <i>83401</i>	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><i>Scott Seedall</i></td> <td><i>1192 S. 52nd E</i></td> <td><i>Idaho Falls,</i></td> <td><i>ID</i></td> <td></td> <td><i>83401</i></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> <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"/>	<i>Scott Seedall</i>	<i>1192 S. 52nd E</i>	<i>Idaho Falls,</i>	<i>ID</i>		<i>83401</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM