Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018	2. Registered Agent and Office (NOT A P.O. BOX) TERRY L DUKE
1. Mailing Address: Correct in this box if needed. LOST TRAIL MASONRY, LLC TERRY LAVAR DUKE PO BOX 713	1110 VIKING WAY CHALLIS ID 83226
CHALLIS ID 83226 USA	3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.	
Name Street or PO Address Cit	-
Terry Duke P.O. Box 713 C	hallis IID USA 83224
Signature	Date:
Name (type or print): Teny Duke	5-8-18 Title: Owner Owledge
	ADMIN DISSOLVED 04/30/2018 1. Mailing Address: Correct in this box if needed. LOST TRAIL MASONRY, LLC TERRY LAVAR DUKE PO BOX 713 CHALLIS ID 83226 USA Companies: Enter Names and Addresses of Manage Name Street or PO Address Cit Terry Duke P.O. Box 713 Laws 6. Signature: Jamy Judo