




No. <b>W 112017</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/12/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KEVIN WEAR 109 E HWY 20 FAIRFIELD ID 83327																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. CASEY'S DEPOT LLC KEVIN WEAR <del>109 E HWY 20</del> <b>P.O. Box 221</b> FAIRFIELD ID 83327		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kevin Wear</td> <td>P.O. Box 221</td> <td>Fairfield</td> <td>ID</td> <td>U.S.</td> <td>83327</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Kevin Wear	P.O. Box 221	Fairfield	ID	U.S.	83327	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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5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 112017</b> </div>		6. <table style="width: 100%;"> <tr> <td style="width: 60%;">           Signature:             Name (type or print): <u>Kevin Wear</u> </td> <td style="width: 40%;">           Date: <u>6/24/13</u>            Title: <u>Member</u> </td> </tr> </table>		Signature:  Name (type or print): <u>Kevin Wear</u>	Date: <u>6/24/13</u> Title: <u>Member</u>																																	
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM