


No. W 140382	Reinstatement Annual Report Form ADMIN DISSOLVED 10/27/2017		2. Registered Agent and Office (NOT A P.O. BOX) OWEN OLAH 1213 E 4400 N BUHL ID 83316
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. SMOKEY RIVER REPAIRS, LLC OWEN OLAH 1213 E 4400 N BUHL ID 83316		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"/> Owen Olah 1213 East 4400 North Buhl Idaho U.S.A 83316			
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-weight: bold; font-size: 1.2em;"> IDAHO W 140382 </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>Owen Olah</u> </div> <div style="width: 35%; text-align: right;"> Date: <u>March 29, 2018</u> Title: <u>Owner</u> </div> </div>		
Issued 03/23/2018 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM