




No. W 11182	Reinstatement Annual Report Form ADMIN DISSOLVED 05/13/2011		2. Registered Agent and Office (NOT A P.O. BOX) ROGER D HERR 318 MCBRIDE ST MCCALL ID 83638																																			
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. MIDNIGHT SUN CONSULTING, LLC 318 MCBRIDE ST MCCALL ID 83638 530 VERN ST. CHUBBUCK, ID 83202																																					
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>ROGER D. HERR</td> <td>530 VERN ST.</td> <td>CHUBBUCK</td> <td>ID.</td> <td></td> <td>83202</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"/>	ROGER D. HERR	530 VERN ST.	CHUBBUCK	ID.		83202	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: IDAHO W 11182		6. <table border="1"> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td></td> <td>6/23/16</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td>ROGER D. HERR</td> <td>PRESIDENT</td> </tr> </table>		Signature:	Date:		6/23/16	Name (type or print):	Title:	ROGER D. HERR	PRESIDENT																											
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM