


<b>No. W 60560</b>		<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b>	
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b> A-TEAM EXCAVATING, LLC CHRIS BUNTY PO BOX 415 SAGLE ID 83860		CHRISTIAN L BUNTY 243 OVERLAKE VIEW RD COCOLALLA ID 83813	
<b>REINSTATEMENT FEE DUE: \$30.00</b>				<b>3. <u>New</u> Registered Agent Signature.</b>	
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>					
<b>Manager or Member</b>		<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Chris Buntz	243 overlake view rd	Cocolalla ID	United states 83813
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
<b>5. Organized Under the Laws of:</b>		<b>6.</b>			
IDAHO W 60560		<b>Signature:</b> 		<b>Date:</b> 2/22/2016	
		<b>Name (type or print):</b> Christian L. Buntz		<b>Title:</b> Owner	
Issued 02/22/2016 by online					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the