

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