No. **W 59794**	**Reinstatement Annual Report Form** **ADMIN DISSOLVED 05/10/2013**	**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.** ERNIE ALGER LLC ERNIE R ALGER 208 NE 12TH ST FRUITLAND ID 83619	ERNIE R ALGER 208 NE 12TH ST FRUITLAND ID 83619
REINSTATEMENT FEE DUE: **$30.00**		**3. New 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 ☑ Member ☐	Ernie Alger	208 NE 12th St	Fruitland	Id	USA	83619
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 59794	Signature: _Ernie Alger_ Name (type or print): _Ernie Alger_ Date: 6-12-13 Title: Owner

Issued 06/10/2013 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM