

No. W 97013	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) LAYNE MACKAY 67 W 1100 N RUPERT ID 83350
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. LAYNE MACKAY LLC LAYNE MACKAY 67 W 1100 N RUPERT ID 83350		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"/> Layne Mackay 67 W 1100 N Rupert ID 83350			
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-size: 1.2em;"> IDAHO W 97013 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: <u>Layne Mackay</u> Name (type or print): <u>Layne Mackay</u> </div> <div> Date: <u>1-25-14</u> Title: <u>MANAGER</u> </div> </div>	

Issued 01/23/2014 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM