

No. W 86090	Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		CRAIG T GILES 627 E 1500 N SHELLEY ID 83274						
	CRAIG GILES RACING LLC 627 E 1500 N SHELLEY ID 83274		3. <u>New</u> Registered Agent Signature.						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.									
Manager/Member	Name	Street or PO Address	City	State Country Postal Code					
CRAIG GILES owner/manager	627 E 1500 N Shelley Id 83274		Shelley Id	USA 83274					
<table border="1"> <tr> <td data-bbox="203 1008 527 1197">5. Organized Under the Laws of: IDAHO W 86090</td> <td colspan="4" data-bbox="527 1008 1502 1197"> 6. Signature: <u>Craig Giles</u> Date: <u>12/20/10</u> Name (type or print): <u>CRAIG GILES</u> Title: <u>Manager</u> </td> </tr> </table>					5. Organized Under the Laws of: IDAHO W 86090	6. Signature: <u>Craig Giles</u> Date: <u>12/20/10</u> Name (type or print): <u>CRAIG GILES</u> Title: <u>Manager</u>			
5. Organized Under the Laws of: IDAHO W 86090	6. Signature: <u>Craig Giles</u> Date: <u>12/20/10</u> Name (type or print): <u>CRAIG GILES</u> Title: <u>Manager</u>								
Issued 11/18/2010 by KAH									

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.