

W 109992

Page 1 of 4

No. <b>W 109992</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ROCKY WIXOM 2980 STONEWOOD CIR AMMON ID 83406																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. AMMON LOCK & KEY LLC <del>PO BOX 51334</del> <del>IDAHO FALLS ID 83405</del> <b>2980 Stonewood Cir Ammon ID 83406</b>		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Rocky Wixom</td> <td>2980 Stonewood Cir.</td> <td>Ammon</td> <td>Id</td> <td></td> <td>83406</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Rocky Wixom	2980 Stonewood Cir.	Ammon	Id		83406	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 109992</b>	6. Signature:  Date: <b>6/28/17</b> Name (type or print): <b>Rocky Wixom</b> Title: <b>MGR.</b>																																					

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**