## FILED EFFECTIVE

Reinstatement Annual Report Form ADMIN DISSOLVED 01/05/2010  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  1. Mailing Address: Correct in this box if needed.  RANDY HUNSAKER, LLC  1056 E 4000 N BUHL ID 83316		2. Registered Agent and Office (NOT A P.O. BOX) RANDY HUNSAKER  1056 E 4000 N BUHL ID 83316  3. New Registered Agent Signature.			
	Addresses of Managers OR Members.	Ottv	State	Country	Postal Code
	1056 E 4000 N	Buhl	IO	FF	83316
s of:  6.					
Signature:	or print): Randy Hun	sake	<u> </u>		3/10/10 Pres.
	BUHL ID 83310 es: Enter Names and A e by Hunsaker s of: 6. Signature:	BUHL ID 83316  es: Enter Names and Addresses of Managers OR Members.  e Street or PO Address  y Hunsaker 1056 E 4000 N  es of: 6.  Signature: Augustus Augus	BUHL ID 83316  as: Enter Names and Addresses of Managers OR Members.  Street or PO Address City  Whansaker 1056 E 4000N Buhl  Is of: 6.  Signature: And Maddella Signature: Sign	as: Enter Names and Addresses of Managers OR Members.  Street or PO Address  Othy  State  July  Hunsaker  Signature:  Signature:  Signature:  Street or PO Address  Othy  State  Othy  Stat	BUHL ID 83316  as: Enter Names and Addresses of Managers OR Members.  Street or PO Address  Otty  State Country  Hunsaker 1056 E 4000 N Buhl ID FF  Is of: 6.  Signature: And Maddell Date:

## 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.