

No. W 68496	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CHRIS TRUE 1267 S CRANE RD MIDVALE ID 83645 1267 S Crane Rd			
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: ANCHOR T. DUST CONTROL, LLC 1267 S CRANE RD MIDVALE ID 83645		3. New Registered Agent Signature.			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>						
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 checked="" type="checkbox"/>	Chris True	1267 S Crane Ad	Midvale	Id	Wash.	83645
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:		6.				
IDAHO W 68496		Signature: <u>Chris True</u>				
		Name (type or print): <u>Chris True</u>				
		Date: <u>3/17/16</u>				
		Title: <u>Manager</u>				
Issued 03/15/2016 by JL1						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the