


No. <b>W 89851</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/02/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> NATHAN MITCHELL 10305 W. FLOATING FEATHER ROAD STAR ID 83669																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> A & E CONSTRUCTION LLC NATHAN MITCHELL 10305 W. FLOATING FEATHER ROAD STAR ID 83669		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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Nathan Mitchell</td> <td>10305 W. Floating Feather Star,</td> <td>W</td> <td>USA</td> <td></td> <td>83669</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Nathan Mitchell	10305 W. Floating Feather Star,	W	USA		83669	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Nathan Mitchell	10305 W. Floating Feather Star,	W	USA		83669																																
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:  <b>IDAHO</b> <b>W 89851</b>		6. Signature:  Date: <u>7-16-18</u> Name (type or print): <u>NATHAN MITCHELL</u> Title: _____																																				