	Reinstatement Annual Report Form ADMIN DISSOLVED 03/06/2009	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		JOSEPH ANDERSON	
	1. Mailing Address: Correct in this box if needed.	10AHO FALLS ID 83406	
	ADMC 11C	IDANO FALLS ID 83406	
	APMC, LLC	j	
	4/24 458+ SOUTH 45TH EAST		
	IDAHO FALLS ID 83406	3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT		1	
FRE DUE: \$30.00		· ·	
4. Limited Liability Compar	nies: Enter Names and Addresses of Managers OR Members.	. See Instructions.	
Manager or Member Nar		City State Country Postal Code	
Manager Member (circle one)	Joseph H. anderson 1126s. 45mE.	Idanofalls 10 \$ 83906	
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		•	
· .			
5. Organized Under the Laws o	of: 6.		
	of: 6.	Date/1/6/0	
5. Organized Under the Laws of IDAHO		M Date///6/4	
	Signature:	1	
IDAHO		Date//6/G	

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.