

No. W 58288	Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017		2. Registered Agent and Office (NOT A P.O. BOX) RONALD JAMES BOWMAN 306 E 24TH ST IDAHO FALLS ID 83404 (same)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HORIZON CUSTOM PAINTING LAWN CARE AUTO DETAILING LLC PO BOX 3604 IDAHO FALLS ID 83403		3. <u>New</u> Registered Agent Signature.

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 type="checkbox"/>	Ronald James Bowman	PO Box 3604	Idaho Falls	Id.		83403
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: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 58288 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: </td> <td style="width: 40%;"> Date: 5/22/17 </td> </tr> <tr> <td> Name (type or print): Ronald James Bowman </td> <td> Title: owner </td> </tr> </table>	Signature: 	Date: 5/22/17	Name (type or print): Ronald James Bowman	Title: owner
Signature: 	Date: 5/22/17				
Name (type or print): Ronald James Bowman	Title: owner				

Issued 05/18/2017 by SLD