No. W 49320	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016	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	1. **Mailing Address: Correct in this box if needed.** A-Z SERVICES, LLC TROY R ZIEGLER ~~HC 61 BOX 3080~~ 26290 HWY 93N CHALLIS ID 83226	~~CURT R THOMSEN~~ Troy Ziegler ~~703 7TH ST~~ 26290 HWY 93N CHALLIS ID 83226 See attached
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature. OK R/A Form

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 ☐ Member ☒	Troy R. Ziegler	26290 HWY 93N	CHALLIS	ID	US	83226
Manager ☐ Member ☒	MAURENE ZIEGER	26290 HWY 93N	CHALLIS	ID	US	83226
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 49320	Troy R Ziegler	12-9-16
	Name (type or print): Troy R. Ziegler	Title: Member

Issued 11/29/2016 by online

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 corrected address **must be inside** Block 1.