No. W 70445	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012 1. Mailing Address: Correct in this box if needed. JOHNSON BROS. ENTERPRISES, LLC. DUSTIN M JOHNSON 7817 ARLINGTON CT NAMPA ID 83687		2. Registered Agent and Office (NOT A P.O. BOX) DUSTIN M JOHNSON 7817 ARLINGTON CT NAMPA ID 83687 3. New Registered Agent Signature.	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080				
REINSTATEMENT FEE DUE: \$30.00			· ·	
4. Limited Liability Co Manager or Member	ompanies: Enter Nam Name	nes and Addresses of Manag Street or PO Address	City Stat	e Country Postal Code
Manager Member Doc	stin Johnson	7817 Arlungtona, Cd.	Numpa Icl	Canyon 83687
Manager Member & Caser Johnson			Boise Id	Ada
Manager Member				
Manager Member				· · · · · · · · · · · · · · · · · · ·
5. Organized Under the Laws o	_	10001		
IDAHO	Signature:	with fillow		Date: 4/19/12
W 70445	Name (type or p	rint): Drustin M	Johnson	Title: CO-OWNE
Issued 04/16/2012 by JL1	······································			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the malling 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.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**