


| No. <b>W 112481</b><br><br>Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 06/12/2015</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>CLEAVES CONSULTING SERVICE, LLC<br>BRENT CLEAVES<br>11221 WEST 2 1/2 MILE ROAD<br>POCATELLO ID 83202 | <b>2. Registered Agent and Office</b><br><b>(NOT A P.O. BOX)</b><br>BRENT CLEAVES<br>11221 WEST 2 1/2 MILE ROAD<br>POCATELLO ID 83202<br><br><b>3. <u>New</u> Registered Agent Signature.</b> |                   |         |                      |             |       |         |             |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |
|---|---|---|-------------------|---------|----------------------|-------------|-------|---------|-------------|---|---------------|-----------------------|-----------|--|--|--|--|--|--|----|---------|--|-------|--|--|--|--|--|--|--|---|---------------|-----------------------|-----------|--|--|--|--|--|--|----|---------|--|-------|--|--|--|--|--|--|--|
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>  |   |   |                   |         |                      |             |       |         |             |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Brent Cleaves</td> <td>11221 W 2 1/2 Mile Rd</td> <td>Pocatello</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Id</td> <td>Bannock</td> <td></td> <td>83202</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 checked="" type="checkbox"/></td> <td>Penny Cleaves</td> <td>11221 W 2 1/2 Mile Rd</td> <td>Pocatello</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Id</td> <td>Bannock</td> <td></td> <td>83202</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 checked="" type="checkbox"/> Member <input type="checkbox"/> | Brent Cleaves | 11221 W 2 1/2 Mile Rd | Pocatello |  |  |  |  |  |  | Id | Bannock |  | 83202 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Penny Cleaves | 11221 W 2 1/2 Mile Rd | Pocatello |  |  |  |  |  |  | Id | Bannock |  | 83202 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member   | Name  | Street or PO Address  | City              | State   | Country              | Postal Code |       |         |             |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>   | Brent Cleaves   | 11221 W 2 1/2 Mile Rd   | Pocatello         |         |                      |             |       |         |             |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |
|   |   |   | Id                | Bannock |                      | 83202       |       |         |             |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |   |                   |         |                      |             |       |         |             |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>   | Penny Cleaves   | 11221 W 2 1/2 Mile Rd   | Pocatello         |         |                      |             |       |         |             |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |
|   |   |   | Id                | Bannock |                      | 83202       |       |         |             |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |   |                   |         |                      |             |       |         |             |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |
| <b>5. Organized Under the Laws of:</b><br><br><div style="text-align: center;"> <b>IDAHO</b><br/> <b>W 112481</b> </div>  | <b>6.</b><br>Signature: <u></u><br>Name (type or print): <u>Brent Cleaves</u><br><br>Date: <u>3.16.16</u><br>Title: <u>Owner</u><br><u>Manager</u>                 |   |                   |         |                      |             |       |         |             |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |
| Issued 03/09/2016 by online   |   |   |                   |         |                      |             |       |         |             |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |   |               |                       |           |  |  |  |  |  |  |    |         |  |       |  |  |  |  |  |  |  |

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**