

No. W 59794	Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012		2. Registered Agent and Office (NOT A P.O. BOX) ERNIE R ALGER 208 NE 12TH ST FRUITLAND ID 83619
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. ERNIE ALGER LLC ERNIE R ALGER 208 NE 12TH ST FRUITLAND ID 83619		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"/>	Ernie R. Alger 208 NE 12th St, Fruitland Id, U.S.A. 83619		
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: large;"> IDAHO W 59794 </div>		6. Signature: <u>Ernie R Alger</u> Date: <u>5/29/12</u> Name (type or print): <u>Ernie Alger</u> Title: <u>Owner-Manager</u>	
Issued 05/21/2012 by DK1			