




No. W 118734	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) JOHN SCAGGS 25053 BURTON LN MIDDLETON ID 83644																																			
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. SCAGGS CUSTOM HAULING, LLC SUZANNA BROCKET C/O BOWEN PARKER DAY PO BOX 905 HOMEDALE ID 83628 John C Scaggs 1642 Mustang mesa Ave Middleton, ID 83644																																		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>John R Scaggs</td> <td>25053 Burton Ln</td> <td>Middleton, ID</td> <td>US</td> <td></td> <td>83644</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>John C Scaggs</td> <td>1642 Mustang mesa</td> <td>Middleton, ID</td> <td>US</td> <td></td> <td>83644</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 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"/>	John R Scaggs	25053 Burton Ln	Middleton, ID	US		83644	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	John C Scaggs	1642 Mustang mesa	Middleton, ID	US		83644	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM