

No. W 98779	Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015		2. Registered Agent and Office (NOT A P.O. BOX) SHERMAN GALLIHER 2208 MONA AVE HEYBURN ID 83336
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. NORTHWESTERN ENVIRONMENTAL SERVICES, LLC SHERMAN GALLIHER 2208 MONA AVE HEYBURN ID 83336		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"/>	SHERMAN L. GALLIHER	2208 MONA AVE. HEYBURN ID.	MINIDOKA 83336
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	I/A R. GALLIHER	2208 MONA AVE HEYBURN ID.	MINIDOKA 83336
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;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 98779</div>		6. Signature: <u><i>Sherman L. Gallier</i></u> Date: <u>4-6-15</u> Name (type or print): <u>SHERMAN L. GALLIHER</u> Title: <u>MANAGER</u>	
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