No. W 49654	Reinstatement Annual Report Form ADMIN DISSOLVED 07/06/2007	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** E.B. SANDERS CO., LLC ELMER BRADLEY SANDERS ~~800 S 650 W~~ ~~BURLEY ID 83318~~ 2743 Mt. Harrison Dr. Burley, ID 83318	ELMER BRADLEY SANDERS ~~800 S 650 W~~ ~~BURLEY ID 83318~~ 2743 Mt. Harrison Dr. Burley, ID 83318
REINSTATEMENT FEE **DUE:** $30.00		3. New 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 ☑ Member ☐	Elmer Bradley Sanders	2743 MT Harrison Dr.	Burley	Id.	Cassia	83318
Manager ☐ Member ☑	Shelley Sanders	2743 MT. Harrison Dr.	Burley	ID.	Cassia	83318
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 49654	Signature: Elmer Bradley Sanders Date: 4-14-16 Name (type or print): Elmer Bradley Sanders Title: Manager

Issued 04/14/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM