

No. W 85445	Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NW LIMOUSINE SERVICES LLC NW LIMO 11463 W RIVERVIEW DR POST FALLS ID 83854		CRAIG W SINGER 11463 W RIVERVIEW DR POST FALLS ID 83854																												
			3. <u>New</u> Registered Agent Signature.																												
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></table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																					
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5. Organized Under the Laws of:																															
IDAHO W 85445		6. Signature: <u>Craig Singer</u> Date: <u>12/15/16</u> Name (type or print): <u>Craig Singer</u> Title: <u>manager</u>																													
Issued 12/14/2016 by online																															