

No. W 41154

Reinstatement Annual Report Form
ADMIN DISSOLVED 11/15/2016

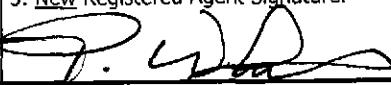
Return to:

SECRETARY OF STATE
450 N 4th STREET
PO BOX 83720
BOISE, ID 83720-0080REINSTATEMENT FEE
DUE: \$30.00

1. Mailing Address: Correct in this box if needed.

GREENACRES MOTORS LLC
MONTE LEE MASINGALE
18111 E APPLEWAY
SPOKANE VALLEY WA 99016 USA2. Registered Agent and Office
(NOT A P.O. BOX)GARRY SEE
2835 W. SEXTICE WAY
POST FALLS ID 83854PATRICK WHITE
2835 W. SEXTICE WAY
POST FALLS, ID 83854

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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	PATRICK WHITE	2835 W. SEXTICE WAY POST FALLS ID		ID	USA	83854
Manager <input type="checkbox"/> Member <input type="checkbox"/>						83854
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ROSANA MASINGALE	18111 E. APPLEWAY AVE SPOKANE VALLEY, WA				99016
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:

IDAHO
W 41154

6.

Signature: 

Date:

10-10-17

Name (type or print):

PATRICK WHITE

Title:

MANAGER

Issued 10/16/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

• " " - Strike out incorrect information and write in the correct information. **Note:** The office