




No. W 145605	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) RICHARD DONOHUE 1700 SUMMER HILLS CT POST FALLS ID 83854 <i>2869 Howell Rd.</i>
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. DONOHUE CONTRACTING, LLC RICHARD DONOHUE 1700 SUMMER HILLS CT POST FALLS ID 83854 <i>2869 Howell Rd.</i>		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"/>	Richard Donohue	2869 Howell Rd	Post Falls	ID	U.S.	83835
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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-size: 1.2em;"> IDAHO W 145605 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Signature:  <hr/> Name (type or print): <u>Richard Donohue</u> </td> <td style="width: 50%; padding: 5px;"> Date: <u>5-12-16</u> Title: <u>MANAGER</u> </td> </tr> </table>	Signature:  <hr/> Name (type or print): <u>Richard Donohue</u>	Date: <u>5-12-16</u> Title: <u>MANAGER</u>
Signature:  <hr/> Name (type or print): <u>Richard Donohue</u>	Date: <u>5-12-16</u> Title: <u>MANAGER</u>		

Issued 05/02/2016 by TLB