No. W 26587	Reinstatement Annual Report Form ADMIN DISSOLVED 01/13/2012  1. Mailing Address: Correct in this box if needed.	2. Registered Agent and Office (NOT A P.O. BOX)  JOSH GREENWALT  1610 K ST  HEYBURN ID 83336
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		
REINSTATEMENT FEE DUE: \$30.00		I
<u> </u>		
Manager or Member Nam	es: Enter Names and Addresses of Managers OR Members. e Street or PO Address	City State Country Postal Code
Manager Member (circle one)  Say Greenwold	D 27	Heyburn Id Miniska 81876
5. Organized Under the Laws of	6.	
IDAHO	Signature: Tay (2) (100)(1)	Date: 7-8-12
W 26587	Name (type or print): Jay Green wall	Date: 3-8-12 Title: Manya
Issued 03/05/2012 by LJC		
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct 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.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.** 

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company.**Note:** <u>Do not put "same as last year" or "same as above". These will not be accepted.</u>

Block 5: May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.