




No. <b>W 97971</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/23/2016</b>  <b>1. Mailing Address: Correct in this box if needed.</b> EAGLE SHUTTLE LLC MIKE KLINGNER 5676 N DALSPRING AVE BOISE ID 83713-1315 USA	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> MIKE KLINGNER 5676 N DALSPRING AVE BOISE ID 83713-1315  <b>3. <u>New</u> Registered Agent Signature.</b>  																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Mike Klingner</td> <td>5676 N Dalspring Ave,</td> <td>Boise,</td> <td>ID</td> <td>USA,</td> <td>83713</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Mike Klingner	5676 N Dalspring Ave,	Boise,	ID	USA,	83713	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             IDAHO              W 97971           </div>	<b>6.</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>9/6/16</u> </td> </tr> <tr> <td>           Name (type or print): <u>MIKE KLINGNER</u> </td> <td>           Title: <u>9/6/16</u> </td> </tr> </table>		Signature: 	Date: <u>9/6/16</u>	Name (type or print): <u>MIKE KLINGNER</u>	Title: <u>9/6/16</u>																															
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