



No. W 111167	Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) ANDREW D CREECH 709 CHERRY ST NEW PLYMOUTH ID 83655-5284
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CREECH COLLISION CONSULTING, L.L.C. ANDY CREECH 709 CHERRY ST NEW PLYMOUTH ID 83655-5284		3. New Registered Agent Signature 
REINSTATEMENT FEE DUE: \$30.00			
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"/>	<i>Andrew D. Creech 709 Cherry Street, New Plymouth, ID, US, 83655</i>		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Katherine V. Creech 709 Cherry Street, New Plymouth, ID, US, 83655</i>		
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;"> IDAHO W 111167 </div>		6. Signature:  <hr/> Name (type or print): <i>Andrew Creech</i>	
		Date: <div style="text-align: center;"> 5-29-14 </div> <hr/> Title: <i>Manager</i>	
Issued 05/29/2014 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM