

No. W 24368	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX)
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. JONES LIGHT LOADS, L.L.C. 3067 EAST 3500 NORTH TWIN FALLS ID 83301		KEITH JONES 3067 EAST 3500 NORTH TWIN FALLS ID 83301
			3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			
Office Held	Name	Street or PO Address	City State Country Postal Code
MEMBER	KEITH JONES	P.O. BOX 163 ID TWIN FALLS	83303
5. Organized Under the Laws of:		6. <input checked="" type="checkbox"/> Signature: <u>Keith Jones</u> Date: <u>16 AUG 10</u>	
IDAHO W 24368		Name (type or print): <u>KEITH JONES</u> Title: <u>MEMBER</u>	
Issued 08/16/2010 by DK1			

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.