


No. <b>W 62771</b>	Reinstatement Annual Report Form <b>ADMIN DISSOLVED 08/14/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> MIKE FIFER EXCAVATION LLC. MIKE FIFER <del>PO BOX 158</del> <del>HUSTON ID 83630</del> <b>9305 HARDTRIGGER RD. MELBA, ID 83641</b>		MIKE FIFER <del>15702 RIVERSIDE RD SPC 24</del> <del>CALDWELL ID 83607</del> <b>9305 HARDTRIGGER RD MELBA, ID 83641</b>  3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MIKE FIFER</td> <td>9305 HARDTRIGGER RD.</td> <td>MELBA</td> <td>ID</td> <td>USA</td> <td>83641</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MARY FIFER</td> <td>9305 HARDTRIGGER RD.</td> <td>MELBA</td> <td>ID</td> <td>USA</td> <td>83641</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	MIKE FIFER	9305 HARDTRIGGER RD.	MELBA	ID	USA	83641	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MARY FIFER	9305 HARDTRIGGER RD.	MELBA	ID	USA	83641	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 62771</b>		6. Signature:  Date: <b>3-21-2018</b> Name (type or print): <b>MIKE FIFER</b> Title: <b>MEMBER</b>																																				