




No. W 100952 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012 1. Mailing Address: Correct in this box if needed. VALLEY CUSTOM PLOWING, L.L.C. 122 W MULLAN KELLOGG ID 83837	2. Registered Agent and Office (NOT A P.O. BOX) TONI KITCHEN 122 W MULLAN AVE KELLOGG ID 83837 3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-size: small;">Manager or Member</th> <th style="text-align: left; font-size: small;">Name</th> <th style="text-align: left; font-size: small;">Street or PO Address</th> <th style="text-align: left; font-size: small;">City</th> <th style="text-align: left; font-size: small;">State</th> <th style="text-align: left; font-size: small;">Country</th> <th style="text-align: left; font-size: small;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Toni Kitchen</td> <td>122 W Mullan Ave</td> <td>Kellogg</td> <td>ID</td> <td>Shoshone</td> <td>83837</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"/>	Toni Kitchen	122 W Mullan Ave	Kellogg	ID	Shoshone	83837	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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Issued 05/24/2012 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing 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.**