


No. <b>W 86044</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/30/2017</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> RODNEY MCMILLEN 3768 N. 3710 E. KIMBERLY ID 83341																																			
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>1. Mailing Address: Correct in this box if needed.</b> LEXANI LIMOUSINES, LLC RODNEY D. MCMILLEN <del>3768 N. 3710 E.</del> <b>PO BOX 163</b> <del>KIMBERLY ID 83341</del> <b>TWIN FALLS ID</b> <b>83303</b>																																					
<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 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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>RODNEY MCMILLEN</td> <td>PO BOX 163</td> <td>TF</td> <td>ID</td> <td></td> <td>83303</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"/>	RODNEY MCMILLEN	PO BOX 163	TF	ID		83303	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	RODNEY MCMILLEN	PO BOX 163	TF	ID		83303																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
<b>5. Organized Under the Laws of:</b>  IDAHO W 86044		<b>6.</b> Signature:  Date: _____ Name (type or print): <b>RODNEY MCMILLEN</b> Title: <b>MGR.</b>																																				