


No. <b>W 122733</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/17/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SHAWN DEAN OGDEN <del>2241 KILBORN LANE</del> <del>MESA ID 83643</del> 3890 Hatsprings Rd New Meadows, ID 83654																																			
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>			1. <b>Mailing Address: Correct in this box if needed.</b> OGDEN CONTRACTING, LLC SHAWN DEAN OGDEN <del>2241 KILBORN LANE</del> <del>MESA ID 83643</del> PO Box 788 McCall, ID 83638	3. <b>New Registered Agent Signature.</b>																																		
4. <b>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><del>Shawn D Ogden</del></td> <td><del>PO Box 788</del></td> <td><del>New Meadows</del></td> <td><del>ID</del></td> <td><del>USA</del></td> <td><del>836</del></td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Shawn D Ogden</td> <td>PO Box 788</td> <td>McCall</td> <td>ID</td> <td>USA</td> <td>83638</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"/>	<del>Shawn D Ogden</del>	<del>PO Box 788</del>	<del>New Meadows</del>	<del>ID</del>	<del>USA</del>	<del>836</del>	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Shawn D Ogden	PO Box 788	McCall	ID	USA	83638	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"/>	<del>Shawn D Ogden</del>	<del>PO Box 788</del>	<del>New Meadows</del>	<del>ID</del>	<del>USA</del>	<del>836</del>																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Shawn D Ogden	PO Box 788	McCall	ID	USA	83638																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 122733</b>	6. Signature:  Date: <u>2/20/17</u> Name (type or print): <u>Shawn Ogden</u> Title: <u>Manager</u>																																					

Issued 02/20/2017 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM