No. W 7886	Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015	2. Registered Agent and Office (NOT A P.O. BOX) BILL BROWNLEE 46 N BURLINGTON DR NAMPA ID 83687
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CONTRACTORS SERVICES LLC BILL BROWNLEE 46 N BURLINGTON DR NAMPA ID 83687 USA	
REINSTATEMENT FEE		3. New Registered Agent Signature.
DUE: \$30.00	: '	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager or Member Name Street or PO Address City State Country Postal Code Manager Member 3111 3700 wn lee 46 N1 3000 ng 78 n D2 NAmPa Id. Can you Manager Member Manager Member Manager Member Manager Member Manager Member Manager Member Me		
5. Organized Under the La IDAHO W 7886	ws of: Signature: Name (type or print): Bill Blownice	Date: 8-3-15 Title: OWNER
Technol 09/02/2015 by DV1		

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