




No. W 72126	Reinstatement Annual Report Form ADMIN DISSOLVED 06/04/2009		2. Registered Agent and Office (NOT A P.O. BOX) JON CRANE 1129 HARVEST RD LEWISTON ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CRANE CONSTRUCTION LLC 1129 HARVEST RD LEWISTON ID 83501 266 Cow Creek Rd Lucile Id. 83542		3. <u>New</u> Registered Agent Signature.

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 <input type="checkbox"/> Member <input type="checkbox"/>	Jonathan Crane	P.O. Box 302 Lucile,	Id			83542
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Stephanie Simons	521 West village Dr.	Boise,	Id		83702
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 72126 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 4-3-18 </td> </tr> <tr> <td> Name (type or print): Jonathan Crane </td> <td> Title: Manager </td> </tr> </table>	Signature: 	Date: 4-3-18	Name (type or print): Jonathan Crane	Title: Manager
Signature: 	Date: 4-3-18				
Name (type or print): Jonathan Crane	Title: Manager				

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