

No. W 158974	Reinstatement Annual Report Form ADMIN DISSOLVED 02/24/2017		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. REKOW SERVICES LLC 2814 SHAMROCK AVE NAMPA ID 83686 1493 W SOUTH SLOPE RD EMMETT ID 83617	MARC REKOW 2814 SHAMROCK AVE NAMPA ID 83686 1493 W SOUTH SLOPE RD EMMETT ID 83617																																				
3. New Registered Agent Signature.																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1"> <thead> <tr> <th data-bbox="164 498 428 512">Manager or Member</th> <th data-bbox="428 498 618 512">Name</th> <th data-bbox="618 498 915 512">Street or PO Address</th> <th data-bbox="915 498 997 512">City</th> <th data-bbox="997 498 1094 512">State</th> <th data-bbox="1094 498 1208 512">Country</th> <th data-bbox="1208 498 1451 512">Postal Code</th> </tr> </thead> <tbody> <tr> <td data-bbox="164 552 428 579">Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td data-bbox="428 552 618 579">MARC REKOW</td> <td data-bbox="618 552 915 579">1493 W SOUTH SLOPE</td> <td data-bbox="915 552 997 579">EMMETT</td> <td data-bbox="997 552 1094 579">IDAHO</td> <td data-bbox="1094 552 1208 579">USA</td> <td data-bbox="1208 552 1451 579">83617</td> </tr> <tr> <td data-bbox="164 619 428 646">Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="164 686 428 713">Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="164 753 428 780">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 type="checkbox"/> Member <input checked="" type="checkbox"/>	MARC REKOW	1493 W SOUTH SLOPE	EMMETT	IDAHO	USA	83617	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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5. Organized Under the Laws of: IDAHO W 158974	6. Signature:  Name (type or print): MARC REKOW		Date: JUNE 2017 Title: MEMBER OWNER																																			
Issued 04/17/2017 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

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