




No. W 15648	Reinstatement Annual Report Form ADMIN DISSOLVED 09/23/2014		2. Registered Agent and Office (NOT A P.O. BOX) TODD HUMPHERYS 3110 HIGHLAWN DR TWIN FALLS ID 83301
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. HUMPHERYS CONSTRUCTION, LLC TODD HUMPHERYS 3110 HIGHLAWN DR TWIN FALLS ID 83301 USA		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Todd Humpherys	3110 Highlawn Dr,	Twin Falls	ID	USA	83301
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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 15648 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 10-3-14 </td> </tr> <tr> <td> Name (type or print): Todd Humpherys </td> <td> Title: Manager </td> </tr> </table>	Signature: 	Date: 10-3-14	Name (type or print): Todd Humpherys	Title: Manager
Signature: 	Date: 10-3-14				
Name (type or print): Todd Humpherys	Title: Manager				

Issued 09/29/2014 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM