

No. W 164307	Reinstatement Annual Report Form ADMIN DISSOLVED 06/29/2018	2. Registered Agent and Office (NOT A P.O. BOX) ANNA M BANDA 303 W LINDEN CALDWELL ID 83605																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ANNA AND ELIUD'S CUSTOM CLEANING & HAULING LLC PO BOX 523 CALDWELL ID 83605	New Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00		4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Anna Banda</td> <td>303 W. Linden</td> <td>Caldwell</td> <td>ID</td> <td>Canyon</td> <td>83605</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Isael Flores</td> <td>19795 Adirondack</td> <td>Caldwell</td> <td>ID</td> <td>USA</td> <td>83605</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 type="checkbox"/> Member <input type="checkbox"/>	Anna Banda	303 W. Linden	Caldwell	ID	Canyon	83605	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Isael Flores	19795 Adirondack	Caldwell	ID	USA	83605	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: <div style="text-align: center; font-weight: bold;"> IDAHO W 164307 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature: <u>Anna Banda</u></td> <td style="width: 40%;">Date: <u>7/19/18</u></td> </tr> <tr> <td>Name (type or print): <u>Anna Banda</u></td> <td>Title: _____</td> </tr> </table>		Signature: <u>Anna Banda</u>	Date: <u>7/19/18</u>	Name (type or print): <u>Anna Banda</u>	Title: _____																															
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Issued 07/19/2018 by JL1																																					

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