

No. W 128763	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) ANTONE BADIOLA 328 HIGHWAY 95 HOMEDALE ID 83628																																			
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. A & S LUMBER AND SUPPLY LLC ANTONE B BADIOLA 328 HIGHWAY 95 HOMEDALE ID 83628																																		
		3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Antone Badiola</td> <td>3009 Market Rd</td> <td>Homedale</td> <td>ID</td> <td></td> <td>83628</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Sumir Badiola</td> <td>3009 Market Rd</td> <td>Homedale</td> <td>ID</td> <td></td> <td>83628</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Antone Badiola	3009 Market Rd	Homedale	ID		83628	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Sumir Badiola	3009 Market Rd	Homedale	ID		83628	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 128763		6. Signature: <u>Sumir Badiola</u> Name (type or print): <u>Sumir Badiola</u> Date: <u>12/28/15</u> Title: <u>Manager</u>																																				

Issued 12/28/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM