

No. W 96017	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014		2. Registered Agent and Office (NOT A P.O. BOX) ARLENE J MASTERS 1203 9TH ST 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. ONE-WAY TRAFFIC CONTROL & FLAGGING, LLC ARLENE J MASTERS 1203 9TH ST LEWISTON ID 83501 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 type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Arlene Masters</i>	<i>1203 9th St.</i>	<i>Lewiston</i>	<i>ID.</i>	<i>USA</i>	<i>83501</i>
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 96017 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u><i>Arlene Masters</i></u> Name (type or print): <u><i>Arlene Masters</i></u> </td> <td style="width: 40%;"> Date: <u><i>3-12-15</i></u> Title: _____ </td> </tr> </table>	Signature: <u><i>Arlene Masters</i></u> Name (type or print): <u><i>Arlene Masters</i></u>	Date: <u><i>3-12-15</i></u> Title: _____
Signature: <u><i>Arlene Masters</i></u> Name (type or print): <u><i>Arlene Masters</i></u>	Date: <u><i>3-12-15</i></u> Title: _____		

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM