

No. W 146689	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) KARL E WEST 7648 WEST POCATELLO CREEK ROAD POCATELLO ID 83201 <u>168 Teakwood</u> <u>Pocatello ID 83204</u>
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. WEST HOME REPAIR & REMODELING LLC KARL E WEST 7648 WEST POCATELLO CREEK ROAD POCATELLO ID 83201 <u>168 Teakwood</u> <u>Pocatello ID 83204</u>		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"/>	Karl West	168 Teakwood	Pocatello	ID	Bannock	83204
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; font-weight: bold;"> IDAHO W 146689 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Karl West</u> </td> <td style="width: 40%;"> Date: <u>Feb 23, 2018</u> </td> </tr> <tr> <td> Name (type or print): <u>Karl West</u> </td> <td> Title: <u>Owner</u> </td> </tr> </table>	Signature: <u>Karl West</u>	Date: <u>Feb 23, 2018</u>	Name (type or print): <u>Karl West</u>	Title: <u>Owner</u>
Signature: <u>Karl West</u>	Date: <u>Feb 23, 2018</u>				
Name (type or print): <u>Karl West</u>	Title: <u>Owner</u>				

Issued 02/23/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM