

No. <b>W 79899</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/07/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CHESTER TAYLOR 2641 LEYSHON AMERICAN FALLS ID 83211																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> GROUNDS KEEPERS, LLC (THE) CHESTER G TAYLOR 2641 LEYSHON AMERICAN FALLS ID 83211		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><i>Chester Taylor</i></td> <td><i>P.O. Box 492</i></td> <td><i>Am. Falls</i></td> <td><i>Idaho</i></td> <td><i>Power</i></td> <td><i>83211</i></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> <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"/>	<i>Chester Taylor</i>	<i>P.O. Box 492</i>	<i>Am. Falls</i>	<i>Idaho</i>	<i>Power</i>	<i>83211</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"/>						
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