

No. W 127155	Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) LICET RAMIREZ 3000 TURNING LEAF CALDWELL ID 83605 <i>2719 Summercrest</i> <i>Caldwell id 83607</i>
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. SPRINGKLER LANDSCAPING DESIGN L.L.C. 3000 TURNING LEAF CALDWELL ID 83605 <i>2719 Summercrest</i> <i>Caldwell id 83607</i>		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"/>	<i>Licet Ramirez 2719 Summercrest Caldwell id 83607</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; font-weight: bold;"> IDAHO W 127155 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature:</td> <td style="width: 40%;">Date:</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><i>LICET RAMIREZ REYES</i></td> <td style="border-bottom: 1px solid black; text-align: center;"><i>7-9-15</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name (type or print):</td> <td style="border-bottom: 1px solid black;">Title:</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><i>LICET RAMIREZ REYES</i></td> <td style="border-bottom: 1px solid black; text-align: center;"><i>Manager</i></td> </tr> </table>	Signature:	Date:	<i>LICET RAMIREZ REYES</i>	<i>7-9-15</i>	Name (type or print):	Title:	<i>LICET RAMIREZ REYES</i>	<i>Manager</i>
Signature:	Date:								
<i>LICET RAMIREZ REYES</i>	<i>7-9-15</i>								
Name (type or print):	Title:								
<i>LICET RAMIREZ REYES</i>	<i>Manager</i>								

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM