

2/29/2016

W 26917

No. W 26917	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. M & M ELECTRIC LLC BRIAN MOORE PO BOX 2214 163 3RD AVE. S. TWIN FALLS ID 83303		BRIAN MOORE 2585 E 3912 N TWIN FALLS ID 83301 812 E 2700S HAGERMAN, ID 83332 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brian Moore</td> <td>812 E 2700S</td> <td>HAGERMAN</td> <td>ID</td> <td>83332</td> <td>Goway</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kurtis Moore</td> <td>9948 BIEWAPPEL</td> <td>BOISE, ID</td> <td>ADA</td> <td>83709</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Brian Moore	812 E 2700S	HAGERMAN	ID	83332	Goway	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kurtis Moore	9948 BIEWAPPEL	BOISE, ID	ADA	83709		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 26917	6. Signature: <u>Brian Moore</u> Date: <u>2-29-2016</u> Name (type or print): <u>Brian Moore</u> Title: <u>Member</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM