No. W 4752	Reinstatement Annual Report Form ADMIN DISSOLVED 01/05/2010	2. Registered Agent and Office (NOT A P.O. BOX)	
Return to:	<u> </u>	VAN GRAVES 3965 E VICTORY RD	
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.	MERIDIAN ID 83642	
	VAN GRAVES CONSTRUCTION, L.L.C.	The table of t	
	3965 E VICTORY RD MERIDIAN ID 83642	3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00			
4. Limited Liability Compani Office Held Nam	ies: Enter Names and Addresses of Managers OR Members, ne Street or PO Address	City State Country Postal Code	
MM Lary Ve	lan Graves 3966 E. Virtory Rd war	vidion Id. ADA 83640	
		3	
		# .	
		••*	
5. Organized Under the Law	territoria de la companya de la comp	The Market of the State of the	
IDAHO	Signature: Vaulleurs	Date: 2-1-10	
W 4752	Name (type or print): Lasty Van 6-12	aves Title: MM	
Issued 01/20/2010 by SLD	· ·		

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.** 

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: <u>Do not put "same as last year" or "same as above".</u> These will not be accepted.

Block 5: May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.