

**FILED**

No. <b>W 164480</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. OUTSIDE EDGES CONSTRUCTION, LLC PAMELA LANGLEY <del>13726 W ROCHESTER ST BOISE ID 83713</del> 7635 S. Clowrdale Rd Boise ID 83709		PAMELA LANGLEY 13726 W ROCHESTER ST BOISE ID 83713 7635 S. Clowrdale Rd Boise ID 83709
<b>REINSTATEMENT FEE DUE: \$30.00</b>			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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Pamela Langley	7635 S. Clowrdale Rd.	Boise	ID	USA	83709
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Aaron Carlson	7635 S. Clowrdale Rd	Boise	ID	USA	83709
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <b>IDAHO W 164480</b>	6. Signature: <u><i>Pamela Langley</i></u> Date: <u>11/26/17</u> Name (type or print): <u>Pamela Langley</u> Title: <u>MB</u>	
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