




No. W 134837	Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016		2. Registered Agent and Office (NOT A P.O. BOX) TODD OLSEN 5838 E IONA RD IDAHO FALLS ID 83401-8340
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. PRECISION TAX AND PAYROLL LLC TODD OLSEN 5838 E IONA RD IDAHO FALLS ID 83401		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"/>	Todd A Olsen	5838 E Iona Rd	Idaho Falls	ID	Bonerville	83401
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-size: 1.2em;"> IDAHO W 134837 </div>	6. <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <div style="text-align: center;">4/24/17</div> </td> </tr> <tr> <td> Name (type or print): <div style="text-align: center;">Todd A Olsen</div> </td> <td> Title: <div style="text-align: center;">Manager</div> </td> </tr> </table>	Signature: 	Date: <div style="text-align: center;">4/24/17</div>	Name (type or print): <div style="text-align: center;">Todd A Olsen</div>	Title: <div style="text-align: center;">Manager</div>
Signature: 	Date: <div style="text-align: center;">4/24/17</div>				
Name (type or print): <div style="text-align: center;">Todd A Olsen</div>	Title: <div style="text-align: center;">Manager</div>				

Issued 04/24/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM