	FILED EFFECTIVE						
No. <b>W 87129</b> Return to:	Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010		BOX)	2. Registered Agent and Office (NOT A P.O. BOX) PHILLIP MOULTON SAME NAM 156 WEST 550 SOUTH VICTOR ID 83455 150 FRONT ST. DRICLS, ID, G3UZZ  3. New Registered Agent Signature.			
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  MOULTON AUTO GLASS & DETAIL LLC  PO BOX 1407  DRIGGS ID 83422		VICTOR				
REINSTATEMENT FEE DUE: \$30.00	inter Enter Names and Ad	dresses of Managers OR Membe	na Saa Instructio				
Manager or Member Nam		Street or PO Address	rs. see Instructio City	ns. State	Country	Postal Code	
Manager Member (circle one) Manager Member (circle one)  Manager Member (circle one)  Manager Member (circle one)  Manager Member (circle one)  Manager Member (circle one)	Millip Moulton	Po Box 1407	Driggs	æΔ	USA	83422	
5. Organized Under the Laws of IDAHO	f: 6. Signature:	$\Psi = \Psi$			Date: 1	3/1/11	

## 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.

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- **Block 4:** Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company.**Note: Do not put "same as last year" or "same as above". 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.