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| No. W 105339 | Reinstatement Annual Report Form ADMIN DISSOLVED 12/05/2016 | | 2. Registered Agent and Office (NOT A P.O. BOX) Need to Appoint <div style="font-family: cursive; font-size: 1.2em;">Christopher Berry</div> <div style="font-family: cursive; font-size: 1.2em;">5672 N. Bergman Ave</div> <div style="font-family: cursive; font-size: 1.2em;">Meridian, ID 83646</div> |
| 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. BERRY MACHINERY MANAGEMENT SERVICES, LLC CHRIS C BERRY <div style="font-family: cursive; font-size: 1.2em;">5672 N BERGMAN AVE</div> <div style="font-family: cursive; font-size: 1.2em;">PO. Box 1515</div> <div style="font-family: cursive; font-size: 1.2em;">MERIDIAN ID 83646-3894 USA</div> <div style="font-family: cursive; font-size: 1.2em;">83680</div> | | 3. New Registered Agent Signature. <div style="font-family: cursive; font-size: 1.2em;">[Signature]</div> |
| 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"/> Christopher Berry 5672 N. Bergman Ave. <div style="text-align: right; margin-right: 50px;">Meridian, ID. 83646 USA</div> | | | |
| 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</div> <div style="text-align: center; font-size: 1.2em;">W 105339</div> | | 6. Signature: <div style="font-family: cursive; font-size: 1.5em;">[Signature]</div> <hr/> Name (type or print): Christopher Berry <div style="text-align: right; margin-right: 50px;"> Date: 1/30/17 Title: Member </div> | |
| Issued 01/30/2017 by SLD | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM