

No. <b>W 63584</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/20/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> PATRICIA A BROCK 435 NW FOSTER AVE MOUNTAIN HOME ID 83647																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> PAT'S PILOT CAR SERVICE LLC PATRICIA A BROCK 435 NW FOSTER AVE MOUNTAIN HOME ID 83647		3. <u>New</u> Registered Agent Signature.																																			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Patricia A Brock</td> <td>435 NW Foster</td> <td>MT</td> <td>Home Id</td> <td>U.S.A.</td> <td>83647</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Patricia A Brock	435 NW Foster	MT	Home Id	U.S.A.	83647	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 63584</b>	6. Signature: <u>Patricia A Brock</u> Date: <u>Nov-20 2012</u> Name (type or print): <u>Patricia A Brock</u> Title: <u>Manager/owner</u>																																					

Issued 11/16/2012 by CLH

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**