

No. <b>W 84867</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/22/2015</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> LAURIE JACKSON 2698 W 17TH S IDAHO FALLS ID 83402-5514																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ABC'S OF SAFE DRIVING LLC LAURIE L JACKSON 2698 W 17TH S IDAHO FALLS ID 83402-5514 USA		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:20%;">Name</th> <th style="width:25%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Laurie Jackson</td> <td>2698 W. 17th S.</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83402</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"/>	Laurie Jackson	2698 W. 17th S.	Idaho Falls	ID	USA	83402	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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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 84867</b> </div>	<b>6.</b> Signature: <u>Laurie Jackson</u> <hr/> Name (type or print): <u>Laurie Jackson</u>		Date: <u>9-28-15</u> <hr/> Title: <u>Owner - Mar</u>																																			
Issued 09/28/2015 by online																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**