

No. W 154971	Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017			2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. DARK HORSE COMPANIES LLC BENJAMIN L STRUNK 91 W 500 S JEROME ID 83338			BENJAMIN L STRUNK 91 W 500 S JEROME ID 83301-8330	
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name	Street or PO Address	City	State	Country
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Ben Strunk	608 Heidi Ave	Twin Falls	ID USA	83301
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:		6.			
IDAHO W 154971		Signature: _____ Name (type or print): _____			
		Date: 12-23-17 Title: Owner			