


No. W 117069	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) ALVIN MCCOY 112 LYNN LANE HARPSTER ID 83552
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. MCCOY AND SONS LLC ALVIN MCCOY 112 LYNN LANE HARPSTER ID 83552		3. <u>New</u> Registered Agent Signature.
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 checked="" type="checkbox"/> Member <input type="checkbox"/> Alvin McCoy 112 Lynn Lane Harpster Id USA 83552			
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-weight: bold; font-size: large;"> IDAHO W 117069 </div>		6. Signature:  <hr/> Name (type or print): <u>Alvin McCoy</u>	
		Date: <u>1-13-15</u> Title: <u>OWNER</u>	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM