

3/6/2018

W 20497

No. W 20497	Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017		2. Registered Agent and Office (NOT A P.O. BOX) JOHN CAVANAUGH 340 MELROSE BELLEVUE ID 83313-8331																																			
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. INDUSTRIAL EXECUTIVE, LLC JOHN CAVANAUGH PO BOX 349 BELLEVUE ID 83313 USA <i>11742 SAVONA Way</i> <i>Orlando, Fl.</i> <i>32827</i>		<i>2903 W. Madison Ave,</i> <i>Boise, Id, 83702</i> 3. <u>New</u> Registered Agent Signature.																																			
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 checked="" type="checkbox"/></td> <td>JOHN CAVANAUGH</td> <td>2903 W. Madison Ave</td> <td>Boise</td> <td>ID</td> <td></td> <td>83702</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 checked="" type="checkbox"/>	JOHN CAVANAUGH	2903 W. Madison Ave	Boise	ID		83702	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: IDAHO W 20497		6. Signature: <i>John H Cavanaugh</i> Name (type or print): <u>JOHN CAVANAUGH</u> Date: <u>3/5/18</u> Title: <u>Owner</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM