


**FILED EFFECTIVE**

No. <b>W 129571</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) ALLEN MACKLEY 11184 BRASSY COVE LOOP APT 102 Nampa ID 83651	
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. MACKLEY LLC <del>11184 BRASSY COVE LOOP</del> <del>APT 102</del> <del>NAMPA ID 83651</del> 6619 W Dufferin Ct. Boise, ID 83714		6619 W Dufferin Ct Boise, ID 83714	
<b>REINSTATEMENT FEE DUE: \$30.00</b>			3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Allen Mackley	6619 W Dufferin Ct.	Boise	ID
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 129571		Signature:  Name (type or print): Allen Mackley		Date: 12/22/14 Title: Owner
Issued 12/22/2014 by online				

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**