

No. W 153519	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2016		2. Registered Agent and Office (NOT A P.O. BOX) TERRELL BAILEY 100 RAMSEY DR FILER ID 03328
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. OLD GLORY CURBING, LLC 100 RAMSEY DR FILER ID 03328 700w main Cir Filer, ID 83328		Jacob Daley
REINSTATEMENT FEE DUE: \$30.00			FILED
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"/>	Jacob Daley	700 w. main cir	Filer, ID, Twin Falls, 83328
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 153519	Signature: <u>Jacob Daley</u>		
	Name (type or print): <u>Jacob Daley</u>		
	Date: <u>2-8-2017</u>		
	Title: <u>Owner</u>		