

No. W 17486 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 03/27/2018 1. Mailing Address: Correct in this box if needed. JONES SEW & VAC, LIMITED LIABILITY COMPANY LEROY JONES 735 YELLOWSTONE POCATELLO ID 83201		2. Registered Agent and Office (NOT A P.O. BOX) LEROY JONES 735 YELLOWSTONE POCATELLO ID 83201 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 ☒ Member ☐</td> <td>LeRoy A Jones</td> <td>128 E. 15th St.</td> <td>Idaho Falls</td> <td>Id</td> <td>USA</td> <td>83404</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	LeRoy A Jones	128 E. 15 th St.	Idaho Falls	Id	USA	83404	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 17486	6. Signature:  Name (type or print): <u>Leroy A Jones</u> Date: <u>4-23-18</u> Title: <u>owner</u>																																				