

No. W 61206	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) STEVE M WAGNER 25551 WAGNER RD LEWISTON ID 83501																																				
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. WAGNER BROTHERS, LLC STEVE M WAGNER 25551 WAGNER RD LEWISTON ID 83501		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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>STEVE M WAGNER</td> <td>25551 WAGNER RD</td> <td>LEWISTON</td> <td>ID</td> <td>USA</td> <td>83501</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	STEVE M WAGNER	25551 WAGNER RD	LEWISTON	ID	USA	83501	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	STEVE M WAGNER	25551 WAGNER RD	LEWISTON	ID	USA	83501																																	
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: IDAHO W 61206		6. Signature: <u><i>Steve Wagner</i></u> Name (type or print): <u>Steve Wagner</u> Date: <u>8-19-2015</u> Title: <u>Member</u>																																					
Issued 08/11/2015 by online																																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

1. All information must be entered on this form. Pay special attention to the mailing address. If the