

FILED EFFECTIVE

No. W 91036		Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) BOISE LeAnn Owens 13543 N RIMROCK RD HAYDEN ID 83835	
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. WOLF CREEK CONSTRUCTION LLC LEANN OWENS 13543 N RIMROCK RD HAYDEN ID 83835 USA		3. New Registered Agent Signature. <i>LeAnn Owens</i>	
REINSTATEMENT FEE DUE: \$30.00					
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 type="checkbox"/> Member <input checked="" type="checkbox"/>		LeAnn Owens		13543 N. Rimrock Rd. Hayden ID 83835	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Benjamin Owens		13543 N. Rimrock Rd. Hayden ID 83835	
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 91036		Signature: <i>LeAnn Owens</i>		Date: 11/26/13	
		Name (type or print): LeAnn Owens		Title: Owner	
Issued 11/20/2013 by JAH					

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.**

Block 3: Only a **new** registered agent must sign in Block 3.

Block 4: Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT** put "same as last year" or "same as above". **These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for correction _____