

**FILED EFFECTIVE**

| No. <b>W 152023</b>  | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 08/31/2016</b>   |                      | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>JARED ARAVE<br>5292 E HANSEN<br>IONA ID 83724 |  |                      |             |       |         |             |  |             |            |       |    |     |       |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |
|--|--|----------------------|--|--|----------------------|-------------|-------|---------|-------------|--|-------------|------------|-------|----|-----|-------|---|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>DUE: \$30.00</b>  | 1. Mailing Address: Correct in this box if needed.<br>A & A CUSTOM CONCRETE, LLC<br>JARED ARAVE<br><del>5292 E HANSEN</del> <b>PO Box 515</b><br>IONA ID 83724 |                      |  |  |                      |             |       |         |             |  |             |            |       |    |     |       |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><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 checked="" type="checkbox"/> Member</td> <td>Jared Arave</td> <td>PO Box 515</td> <td>Idona</td> <td>ID</td> <td>USA</td> <td>83427</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Member | Jared Arave | PO Box 515 | Idona | ID | USA | 83427 | Manager <input type="checkbox"/> Member |  |  |  |  |  |  | Manager <input type="checkbox"/> Member |  |  |  |  |  |  | Manager <input type="checkbox"/> Member |  |  |  |  |  |  | 3. <u>New</u> Registered Agent Signature. |
| Manager or Member  | Name   | Street or PO Address | City   | State  | Country              | Postal Code |       |         |             |  |             |            |       |    |     |       |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |
| Manager <input checked="" type="checkbox"/> Member   | Jared Arave  | PO Box 515           | Idona  | ID   | USA                  | 83427       |       |         |             |  |             |            |       |    |     |       |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |
| Manager <input type="checkbox"/> Member  |  |                      |  |  |                      |             |       |         |             |  |             |            |       |    |     |       |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |
| Manager <input type="checkbox"/> Member  |  |                      |  |  |                      |             |       |         |             |  |             |            |       |    |     |       |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |
| Manager <input type="checkbox"/> Member  |  |                      |  |  |                      |             |       |         |             |  |             |            |       |    |     |       |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>W 152023</b>   | 6.<br>Signature: <u><i>Jared Arave</i></u><br>Name (type or print): <u>Jared Arave</u>   |                      |  | Date: <u>6/15/18</u><br>Title: <u>owner/operator</u> |                      |             |       |         |             |  |             |            |       |    |     |       |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |

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