

No. <b>W 87985</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/08/2011</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KEVIN MACHEN 2122 E LINCOLN RD IDAHO FALLS ID 83401
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> ROAD RUNNER SPRAYING LLC 2122 E LINCOLN RD IDAHO FALLS ID 83401		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			

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"/>	KEVIN MACHEN	2122 E LINCOLN RD	IDAHO FALLS	ID	BONNEVILLE	83401
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BRENDA MACHEN	2122 E LINCOLN RD	IDAHO FALLS	ID	BONNEVILLE	83401
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 87985</div>	6. Signature: <u>Brenda Machen</u> Name (type or print): <u>BRENDA MACHEN</u> <div style="float: right; text-align: right;">           Date: <u>9 JUN 2017</u>            Title: <u>MEMBER</u> </div>
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