


No. W 21316	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) KENNETH O MADDOX 3485 N BALLANTYNE LN EAGLE ID 83616																																			
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. MADDOX COMPANY LLC PATRICIA O MADDOX L. 3485 N BALLANTYNE LN EAGLE ID 83616-2437 USA 4565 W GILLETTE ST MERIDIAN ID 83642		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00	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>Kenneth O. Maddox</td> <td>4565 W. Gillette St.</td> <td>Meridian</td> <td>Id</td> <td></td> <td>83642</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Patricia L. Maddox</td> <td>4565 W. Gillette St.</td> <td>Meridian</td> <td>Id</td> <td></td> <td>83642</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"/>	Kenneth O. Maddox	4565 W. Gillette St.	Meridian	Id		83642	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Patricia L. Maddox	4565 W. Gillette St.	Meridian	Id		83642	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 21316	6. Signature:  Date: 7-15-15 Name (type or print): Patricia L. Maddox Title: Member																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM