No. W 36729	Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010	Registered Agent and Office (NOT A P.O. BOX)  JENNIFER WALKER
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.	332 W SHADY CREEK DR
	MIDLAND VENTURES, LLC	EAGLE ID 83616
	372 S EAGLE RD STE 135 EAGLE ID 83616	3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00		l
Limited Liability Companion     Office Held Nam	es: Enter Names and Addresses of Managers OR Members.  e	City State Country Postal Code
member v	nniter 372 5 Eagle Rd. Sel.	35 Eagle IO 83616
5. Organized Under the Law	s of: 6. Signature:	Q/28/10 Date:
W 36729	Name (type or print):	VALCER Title: member
Issued 06/22/2010 by SLD		

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct 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: Enter names and business addresses of management. Note: <u>Do not put</u> "same as last year" or "same as above". These will not be accepted.

**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.