

No. W 54768	Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009		2. Registered Agent and Office (NOT A P.O. BOX)							
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. K. L. SEWARD CONCRETE PUMPING LLC KIRK L SEWARD 507 N GEORGIA AVE <i>803 E. Bates Ave</i> CALDWELL ID 83605 <i>Parma, ID. 83660</i>		KIRK SEWARD 507 N GEORGIA AVE CALDWELL ID 83605 <i>803 E Bates Ave</i> <i>Parma ID 83660</i>							
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature. <i>Kirk Seward</i>							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width:100%"> <tr> <td style="width:15%">Manager or Member</td> <td style="width:25%">Name</td> <td style="width:30%">Street or PO Address</td> <td style="width:10%">City</td> <td style="width:10%">State</td> <td style="width:10%">Country</td> <td style="width:10%">Postal Code</td> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
<table border="0" style="width:100%"> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td colspan="5"></td> </tr> </table>				Manager <input type="checkbox"/>	Member <input type="checkbox"/>					
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<table border="0" style="width:100%"> <tr> <td>Manager <input checked="" type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td><i>Crystal Seward</i></td> <td><i>803 E. Bates</i></td> <td><i>Parma, ID.</i></td> <td><i>USA</i></td> <td><i>83660</i></td> </tr> </table>				Manager <input checked="" type="checkbox"/>	Member <input type="checkbox"/>	<i>Crystal Seward</i>	<i>803 E. Bates</i>	<i>Parma, ID.</i>	<i>USA</i>	<i>83660</i>
Manager <input checked="" type="checkbox"/>	Member <input type="checkbox"/>	<i>Crystal Seward</i>	<i>803 E. Bates</i>	<i>Parma, ID.</i>	<i>USA</i>	<i>83660</i>				
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Manager <input type="checkbox"/>	Member <input type="checkbox"/>									
5. Organized Under the Laws of: IDAHO W 54768		6. Signature: <i>Kirk Seward</i> Date: <i>3-3-2015</i> Name (type or print): <i>Kirk Seward</i> Title: <i>Owner</i>								
Issued 03/03/2015 by online										

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM