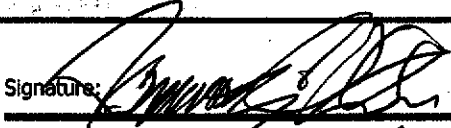


No. <b>W 35720</b>	Reinstatement Annual Report Form <b>ADMIN DISSOLVED 04/06/2010</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> )	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.		JIMMY ORR 102 E 1ST ST GLENN'S FERRY ID 83623	
	MAIN STREET GARAGE LLC  PO BOX 500 GLENN'S FERRY ID 83623		3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held      Name      Street or PO Address      City      State      Country      Postal Code  <del>OWNER</del> <b>OWNER</b> <b>JAMES A ORR</b> <b>102 E 1st</b> <b>PO BOX 500</b> <b>GLENN'S FERRY</b> <b>ID</b> <b>83623</b> <b>MEMBER</b>				
5. Organized Under the Laws of:  <b>IDAHO W 35720</b>		6. Signature:  Date: <b>4-16-10</b> Name (type or print): <b>JAMES A ORR</b> Title: <b>OWNER</b>		
Issued 04/14/2010 by DK1				

## 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:** Do not put "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.