No. W 54676	Reinstatement Annual Report Form ADMIN DISSOLVED 12/04/2012	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.** MICHAEL C ARAVE CONSTRUCTION, LLC MICHAEL C ARAVE PO BOX 12 SHELLEY ID 83274	MICHAEL C ARAVE ~~882 E 1000 N~~ SHELLEY ID 83274 715 E 1400 N Shelley ID 83274
REINSTATEMENT FEE **DUE:** $30.00		3. New Registered Agent Signature.

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 [X] Member [ ]	Michael Arave	PO Box 12	Shelley	Id	US	83274
Manager [X] Member [ ]	Jennifer Arave	PO Box 12	Shelley	Id	US	83274
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						

5. Organized Under the Laws of:	6.
IDAHO W 54676	Signature: [signature] Date: 12-21-12 Name (type or print): Michael C Arave Title: Owner

Issued 12/17/2012 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM