

No. W 142193	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) BRIDGETT STANGER 5068 E OWENS AVE IONA ID 83427
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. FRANK'S TRUCK AND AUTO REPAIR LLC PO BOX 716 IONA ID 83427		3. <u>New</u> 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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Bridgett Stanger	5068 E Owens	Iona 10 Bonneville 83427
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Frank B Stanger	5068 E Owens	Iona 10 Bonneville 83427
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 142193 </div>	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature: <u>Bridgett Stanger</u> Name (type or print): <u>Bridgett Stanger</u> </div> <div style="width: 35%;"> Date: <u>1/13/2016</u> Title: <u>Owner</u> </div> </div>		
Issued 01/13/2016 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM