


No. W 63685	Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012		2. Registered Agent and Office (NOT A P.O. BOX) DANIEL EDWARD THIEL 2711 LONGBOW DR TWIN FALLS ID 83301																																			
Return to: <u>SECRETARY OF STATE</u> 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. MOUNTAIN SUN CONSTRUCTION LLC DAN E THIEL 2711 LONGBOW DR 148 BlueLakes Blvd. North TWIN FALLS ID 83301 USA #117 <div style="text-align: center;">OK</div>		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td> Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> </td> <td>Dan E. Thiel</td> <td>2711 Longbow Dr 148 Blue Lakes Blvd. North #117</td> <td>Twin Falls</td> <td>ID</td> <td>USA</td> <td>83301</td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Dan E. Thiel	2711 Longbow Dr 148 Blue Lakes Blvd. North #117	Twin Falls	ID	USA	83301	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 63685 </div>	6. Signature:  <hr/> Name (type or print): <u>Dan Thiel</u> <hr/> Date: <u>10-30-12</u> <hr/> Title: <u>Owner</u>																																					
Issued 10/15/2012 by LJC																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM