

No. W 7821	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX) GARTH L CLINGER 946 E 1450 N SHELLEY ID 83274																					
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. CLINGER ENTERPRISES LLC GARTH L CLINGER 946 E 1450 N SHELLEY ID 83274		3. New Registered Agent Signature.																					
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td></td><td>Manager</td><td>Garth Clinger</td><td>946 E 1450 N</td><td>Shelley</td><td>ID</td><td>83274</td></tr><tr><td></td><td>manager</td><td>John W Clinger</td><td>2868 W. 97th S</td><td>Idaho Falls</td><td>ID</td><td>83402</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code		Manager	Garth Clinger	946 E 1450 N	Shelley	ID	83274		manager	John W Clinger	2868 W. 97 th S	Idaho Falls	ID
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5. Organized Under the Laws of: IDAHO W 7821	6. <table border="1"><tr><td>Signature: <u>Garth L Clinger</u></td><td>Date: <u>5-1-10</u></td></tr><tr><td>Name (type or print): <u>Garth L. Clinger</u></td><td>Title: <u>manager</u></td></tr></table>				Signature: <u>Garth L Clinger</u>	Date: <u>5-1-10</u>	Name (type or print): <u>Garth L. Clinger</u>	Title: <u>manager</u>																
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