

No. W 144499 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 02/24/2017 1. Mailing Address: Correct in this box if needed. ASAP SERVICES, LLC PO BOX 1194 SANDPOINT ID 83864	2. Registered Agent and Office (NOT A P.O. BOX) ANGELIQUE COMBS 142 KRYSTLE LOOP SAGLE ID 83860 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"><thead><tr><th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>Angelique Combs</td><td>PO BOX 1194</td><td>Sandpoint</td><td>ID</td><td></td><td>83864</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 checked="" type="checkbox"/>	Angelique Combs	PO BOX 1194	Sandpoint	ID		83864	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: IDAHO W 144499	6. Signature: <u>Angelique Combs</u> Name (type or print): <u>Angelique Combs</u> Date: <u>4-15-18</u> Title: _____																																				

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