


**FILED EFFECTIVE**

No. <b>W 173438</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 01/22/2018</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LAWRENCE D BUTTERFIELD 89 STANFORD NAMPA ID 83651																																										
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> TREASURE VALLEY ASBESTOS ABATEMENT LLC LAWRENCE D BUTTERFIELD <del>89 STANFORD</del> <i>P.O. Box 1162</i> <del>NAMPA ID 83651</del> <i>MERIDIAN, ID 83680</i>		3. <u>New</u> Registered Agent Signature.																																										
<b>REINSTATEMENT FEE DUE: \$30.00</b>																																													
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 type="checkbox"/></td> <td>LAWRENCE D BUTTERFIELD</td> <td>89 STANFORD ST</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>NAMPA, ID</td> <td></td> <td></td> <td></td> <td>83651</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"/>	LAWRENCE D BUTTERFIELD	89 STANFORD ST							NAMPA, ID				83651	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	LAWRENCE D BUTTERFIELD	89 STANFORD ST																																											
		NAMPA, ID				83651																																							
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																													
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																													
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																													
5. Organized Under the Laws of:  <b>IDAHO W 173438</b>		6. Signature:  Date: <u>2/5/18</u> Name (type or print): <u>LAWRENCE D. BUTTERFIELD</u> Title: <u>OWNER</u>																																											

Issued 02/05/2018 by online