

No. W 114070	Reinstatement Annual Report Form ADMIN DISSOLVED 09/11/2018		2. Registered Agent and Office (NOT A P.O. BOX) MARK T STEVENS 2513 9TH AVE LEWISTON ID 83501
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. AMERICAN RESCUE, LLC MARK T STEVENS 2513 9TH AVE LEWISTON ID 83501		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 checked="" type="checkbox"/> Member <input type="checkbox"/> Mark Stevens 2513 9th Ave Lewiston ID NezPerce 83501			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Michele Stevens 2513 9th Ave Lewiston ID NezPerce 83501			
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-weight: bold; font-size: 1.2em;"> IDAHO W 114070 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: <u>Mark T. Stevens</u> Name (type or print): <u>Mark T. Stevens</u> </div> <div> Date: <u>9-21-18</u> Title: <u>Manager</u> </div> </div>	
Issued 09/21/2018 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM