


No. W 130513	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) DAN HARRINGTON 7253 W FRANKLIN RD BOISE ID 83709
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. MAXGOV, LLC DAN HARRINGTON 7253 W FRANKLIN RD BOISE ID 83709		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 type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Dan Harrington 7253 W Franklin Boise ID USA 83709</i>			
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: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 130513 </div>		6. Signature:  <hr/> Name (type or print): <i>Dan Harrington</i> <hr/> Date: <i>4/4/17</i> <hr/> Title: <i>Member</i>	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM