

No. W 67138	Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM A PETERS 3246 N 2700 E TWIN FALLS ID 83301
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. MAGIC VALLEY CAB AND COURIER L.L.C. WILLIAM A PETERS 3246 N 2700 E TWIN FALLS ID 83301 USA		3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Manager Member (circle one)	Name	Street or PO Address	City State Country Postal Code
<input checked="" type="radio"/>	Janice A Peters 3246 N. 2700E TWIN FALLS ID 83301 USA		
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 67138 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: <u>Janice A Peters</u> Name (type or print): <u>Janice A. Peters</u> </div> <div> Date: <u>1/11/2012</u> Title: <u>CO-OWNER</u> </div> </div>	
Issued 01/06/2012 by SLD			