

No. W 35669	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ENGINEERING AND WASTE SOLUTIONS LLC ANGELA M COMISH <i>Gilman</i> 1523 W HAYS <i>3881 N 39th st</i> BOISE ID 83702 <i>Boise ID 83703</i>		ANGELA M COMISH <i>Gilman</i> 1523 W HAYS BOISE ID 83702 <i>3881 N 39th st</i> <i>Boise, ID 83703</i>																																			
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature <i>Angela M Gilman</i>																																			
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><i>Angela M Gilman</i></td> <td><i>3881 N 39th st</i></td> <td><i>Boise</i></td> <td><i>ID</i></td> <td><i>Ada</i></td> <td><i>83703</i></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"/>	<i>Angela M Gilman</i>	<i>3881 N 39th st</i>	<i>Boise</i>	<i>ID</i>	<i>Ada</i>	<i>83703</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"/>						
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5. Organized Under the Laws of: IDAHO W 35669	6. Signature: <i>Angela M Gilman</i> Date: <i>6-7-17</i> Name (type or print): <i>Angela M Gilman</i> Title: <i>Manager</i> <i>Principal</i>																																					

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