

No. <b>W 91335</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/17/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DAVID WHITCOMB GREAT BLUE HERRING LOOP RD MEDIMONT ID 83842																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>				1. Mailing Address: Correct in this box if needed. WHITCOMB EXCAVATION, LLC DAVID WHITCOMB PO BOX 36 DEARY ID 83823																																		
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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>David Whitcomb</td> <td>PO Box 36</td> <td>Deary</td> <td>ID</td> <td>USA</td> <td>83823</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	David Whitcomb	PO Box 36	Deary	ID	USA	83823	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:  <b>IDAHO</b> <b>W 91335</b>	6. Signature: <u>David Whitcomb</u> Name (type or print): <u>David Whitcomb</u>			Date: <u>7-26-14</u> Title: <u>Owner</u>																																		

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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM