

No. W 90479	Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) EARL BENNETT 38 SOUTH 900 WEST BLACKFOOT ID 83221																																			
Return to: SECRETARY OF STATE 450 N 4TH STREET PO BOX 23720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GREAT BASIN REPAIR LLC EARL C BENNETT 38 S 900 W BLACKFOOT ID 83221		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:20%;">Name</th> <th style="width:30%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>EARL BENNETT</td> <td>38 SOUTH 900 WEST - BLACKFOOT</td> <td>ID</td> <td>BINGHAM</td> <td></td> <td>83221</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"/>	EARL BENNETT	38 SOUTH 900 WEST - BLACKFOOT	ID	BINGHAM		83221	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 90479	6. Signature: <u>Earl C. Bennett</u> Date: <u>8-28-2017</u> Name (type or print): _____ Title: <u>OWNER</u>																																					

Issued 08/28/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM