

No. <b>W 89345</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/27/2018</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> EDWARD A PETERSON 467 HWY 93 S SALMON ID 83467																																			
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. PEP'S SEPTIC PUMPING LLC WENDIE L PETERSON 467 HWY 93 S SALMON ID 83467		3. <u>New</u> Registered Agent Signature.																																			
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>Edward A. Peterson</td> <td>467 Hwy 93 S</td> <td>Salmon</td> <td>ID</td> <td>Lemhi</td> <td>83467</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Wendie L. Peterson</td> <td>467 Hwy 93 S</td> <td>Salmon</td> <td>ID</td> <td>Lemhi</td> <td>83467</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"/>	Edward A. Peterson	467 Hwy 93 S	Salmon	ID	Lemhi	83467	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Wendie L. Peterson	467 Hwy 93 S	Salmon	ID	Lemhi	83467	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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