


No. <b>W 116028</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 10/27/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> WILLIAM CULHANE 4553 HERSHEY LOOP CHUBBUCK ID 83201
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. ACE 1 TRUCK REPAIR AND TIRE LLC BILL CULHANE 4553 HERSHEY LP CHUBBUCK ID 83202		
<b>REINSTATEMENT FEE DUE: \$30.00</b>			3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	WILLIAM CULHANE	775 FRONTAGE RD.	BLACKFOOT BINGHAM 83211
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <b>IDAHO W 116028</b>	6. Signature:  Name (type or print): <b>Bill CULHANE</b>		Date: <b>11-15-17</b> Title: <b>OWNER</b>
Issued 11/15/2017 by online			

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address **must** be inside Block 1.