

No. <b>W 985</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/23/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> AMANDA TASSO 5430 W STATE ST BOISE ID 83703
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. <b>Mailing Address: Correct in this box if needed.</b> GRANITE COMPANY L.C. HARVEY NEEF PO BOX <del>140503</del> <b>8042</b> BOISE ID <del>83714</del> <b>83707</b>		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Harvey L. Neef	PO BOX 8042	Boise ID USA 83707
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:		6.	
IDAHO W 985		Signature: <u>Harvey L. Neef</u>	Date: <u>6/22/17</u>
		Name (type or print): <u>Harvey L. Neef</u>	Title: <u>Member</u>
Issued 06/22/2017 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM