




No. C 160797	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) DAVID W CARLSON 464616 HWY 95 SAGLE ID 83860																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ADVANTAGE SITE MIXED CONCRETE, INC. DAVID W CARLSON 139 HEATH LAKE RD po Box 321 SAGLE ID 83860		3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</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>President</td> <td>David W Carlson</td> <td>139 Heath Lake Rd,</td> <td>Sagle</td> <td>ID</td> <td>Bonner</td> <td>83860</td> </tr> <tr> <td>Secretary</td> <td>Kimberly K Carlson</td> <td>139 Heath Lake Rd,</td> <td>Sagle</td> <td>ID</td> <td>Bonner</td> <td>83860</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	David W Carlson	139 Heath Lake Rd,	Sagle	ID	Bonner	83860	Secretary	Kimberly K Carlson	139 Heath Lake Rd,	Sagle	ID	Bonner	83860
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM