


No. <b>W 157696</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 01/22/2018</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> BOISE MOLD REMOVAL LLC TYLOR DESILET 859 S JAKE AVE MERIDIAN ID 83634		TYLOR DESILET 859 S JAKE AVE MERIDIAN ID 83634
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			3. <u>New</u> Registered Agent Signature.
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Tylor Desilet	573 N. Meldgold Ave, Kuna	ID USA 83634
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</b> <b>W 157696</b>	6. Signature:  Date: <u>01/29/2018</u> Name (type or print): <u>Tylor Desilet</u> Title: <u>Owner</u>		

Issued 01/29/2018 by DK1

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

1. If the company is organized under the laws of another state, please enter the name of that state in the space provided. If the