


No. <b>W 36688</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/13/2011</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  CHRIS JAXON 1102 E STOCKTON PARMA ID 83660-0938
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> JAXON CONSTRUCTION, LLC CHRIS R JAXON PO BOX 938 PARMA ID 83660-0938 USA		3. <u>New</u> Registered Agent Signature.
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>  Manager <input type="checkbox"/> Member <input type="checkbox"/>  Manager <input type="checkbox"/> Member <input type="checkbox"/>  Manager <input type="checkbox"/> Member <input type="checkbox"/>	Chris Jaxon 1102 E 5th + Stockton, Parma Idaho Cayon P.O Box 938		
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             IDAHO              W 36688           </div>		6. Signature:  Name (type or print): <u>Christopher Jaxon</u> <div style="float: right; text-align: right;">           Date: <u>Oct 4-17</u>            Title: <u>Owner</u> </div>	
Issued 10/04/2017 by JL1			