

<b>No. W 125397</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/15/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> WILVENS XAVIER 3635 S HIGH SPRING ST NAMPA ID 83686
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> ASCAPE CONSTRUCTION LLC WILVENS XAVIER 3635 S HIGH SPRING ST NAMPA ID 83686		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 checked="" type="checkbox"/> WILVENS XAVIER      3635 S High Springs St      Nampa, ID      83686			
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:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             IDAHO              W 125397           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           Signature:             Name (type or print):  <u>WILVENS XAVIER</u> </div> <div>           Date:  <u>09-22-17</u>             Title:  <u>Manager</u> </div> </div>	
Issued 09/22/2017 by JL1			

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM