No. W 130403 Return to:	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017	Registered Agent and Office     (NOT A P.O. BOX)  MOHAMAD A ELABED
450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	. Mailing Address: Correct in this box if needed. DEIR AMMAR, LLC MOHAMAD A ELABED 3769 EAST 65TH SOUTH AMMON ID 83406	3769 EAST 65TH SOUTH AMMON ID 83406
REINSTATEMENT FEE DUE: \$30.00		3. <u>New</u> Registered Agent Signature.
4. Limited Liability C	ompanies: Enter Names and Addresses of Manager	s OR Members. See Instructions.
Manager or Member	Name Street or PO Address City	
Manager⊠ Member□ Mo	phamad A Elabed 3769 E 65th	S Ammon ID 83406
Manager Member Member Manager Member		
Manager    Member		
5. Organized Under the Laws		1
IDAHO	Signature:	Date:
W 130403	Name (type or print):	<u> </u>
	MOHAMAD A, ELABED	OWNER
Issued 01/31/2017 by SLD		