

No. W 48505	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2008		2. Registered Agent and Office (NOT A P.O. BOX) THEODORE L BRUCK 325 LAKEVIEW RD LAKEVIEW LANDING BAYVIEW ID 83803																																			
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. BRUCK CONSTRUCTION L.L.C. THEODORE L BRUCK HC01 BOX 1 LAKEVIEW LANDING BAYVIEW ID 83803		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>THEODORE BRUCK</td> <td>HC1 BOX 1</td> <td>BAYVIEW</td> <td>ID</td> <td>USA</td> <td>83803</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>PHILLIP COON</td> <td>508 S ILLINOIS ST</td> <td>CONRAD</td> <td>MT</td> <td>USA</td> <td>59425</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	THEODORE BRUCK	HC1 BOX 1	BAYVIEW	ID	USA	83803	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	PHILLIP COON	508 S ILLINOIS ST	CONRAD	MT	USA	59425	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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