

No. <b>W 61928</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LEE ANN HARROP 4229 E 550 N RIGBY ID 83442-5233																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> HARROP POST & POLE, LLC LEE ANN HARROP 4229 E 550 N RIGBY ID 83442 USA		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>LeeAnn Harrop</td> <td>4229 E 550 N</td> <td>Rigby</td> <td>ID</td> <td>Jefferson</td> <td>83442</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Bob Harrop</td> <td>4229 E 550 N</td> <td>Rigby</td> <td>ID</td> <td>Jefferson</td> <td>83442</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"/>	LeeAnn Harrop	4229 E 550 N	Rigby	ID	Jefferson	83442	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Bob Harrop	4229 E 550 N	Rigby	ID	Jefferson	83442	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO W 61928</b> </div>	6. Signature:  <hr/> Name (type or print): <div style="text-align: center; font-size: 1.2em;"> <b>LeeAnn Harrop</b> </div>		Date: <div style="text-align: center; font-size: 1.2em;"> <b>Sept 7, 2017</b> </div> <hr/> Title: <div style="text-align: center; font-size: 1.2em;"> <b>Manager</b> </div>																																			
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