


No. W 108344	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015		2. Registered Agent and Office (NOT A P.O. BOX) JAMES HANSEN 909 W ARBOR POINT NAMPA ID 83686
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. WILSON AND SON'S AUTOMOTIVE LLC JAMES HANSEN 2219 CALDWELL BLVD NAMPA ID 83651		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>James Hansen 16462 Plvm Rd Caldwell ID Oregon 83607</i>		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Aminda Wilson 16462 Plvm Rd Caldwell ID Oregon 83607</i>		
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: large;"> IDAHO W 108344 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>James Hansen</u> </div> <div style="width: 35%;"> Date: <u>7-27-15</u> Title: <u>Manager</u> </div> </div>	
Issued 07/20/2015 by TLB			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM