


No. W 101899	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) MICROLEDGER INC 3505 N 7TH ST COEUR D ALENE ID 83815 <i>PO Change</i>																																			
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. HEAVY DUTY SERVICES, LLC 3505 N 7TH ST <i>2088 E. Hanley Ave.</i> COEUR D ALENE ID 83815																																					
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>Jon Nielsen</td> <td>PO BOX 83720 <i>2088 E Hanley Ave</i></td> <td>Boise <i>Dalton Gardens</i></td> <td>ID. <i>K.</i></td> <td></td> <td>83720 <i>83815</i></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> <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"/>	Jon Nielsen	PO BOX 83720 <i>2088 E Hanley Ave</i>	Boise <i>Dalton Gardens</i>	ID. <i>K.</i>		83720 <i>83815</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 101899	6. Signature:  Name (type or print): <i>Jon Nielsen</i>			Date: <i>8/25/14</i> Title:																																		

Issued 08/11/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM