

No. W 65398		Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2011		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> WILLIAM S FOX 10722 W EXCALIBUR ST BOISE ID 83713	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FOX RIDGE CONSTRUCTION, LLC WILLIAM S FOX 10722 W EXCALIBUR ST BOISE ID 83713 USA			
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Name <b>William S. Fox</b>		Street or PO Address <b>10722 W. EXCALIBUR ST.</b>	City <b>BOISE</b> State <b>IDA</b> Country <b>USA</b> Postal Code <b>83713</b>
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 65398</b>		6. Signature: <b>William S. Fox</b> Name (type or print): <b>William S. Fox</b> Date: <b>6/24/13</b> Title: <b>OWNER</b>			
Issued 06/05/2013 by LJC					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office