


No. <b>W 160970</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/02/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KYLE VANBIEZEN 3935 N 2300 E FILER ID 83328
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address:</b> Correct in this box if needed. ACCURATE WEED CONTROL, LLC KYLE VANBIEZEN PO BOX 353 FILER ID 83328		3. <b>New Registered Agent Signature.</b>
4. <b>Limited Liability Companies:</b> 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 type="checkbox"/> Member <input checked="" type="checkbox"/> Kyle VanBiezen      P.O. box 353      Filmer,      Id      USA      83328			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Ronald Lockwood      2347 E 4300 N.      Filmer      Id      USA      83328			
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: 1.2em;">             IDAHO              W 160970           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           Signature:   <hr/>           Name (type or print):  <u>Kyle VanBiezen</u> </div> <div>           Date: <u>5-17-17</u>  <hr/>           Title: <u>owner</u> </div> </div>	
Issued 05/17/2017 by online			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM