


## FILED EFFECTIVE

No. <b>W 55807</b>	Reinstatement Annual Report Form <b>ADMIN DISSOLVED 01/04/2008</b>		2. Registered Agent and Office (NOT A P.O. BOX) <b>GEOFFERY ZELLERS</b>			
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.		1284 N STEVENS DR IDAHO FALLS ID 83401			
	A.G. ZELLERS, LLC GEOFFERY ZELLERS <del>1284 N STEVENS DR</del> 439 TERRA VISTA DR <del>IDAHO FALLS ID 83401</del> REXBURG ID 83440		3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	GEOFFERY ZELLERS	439 Terra Vista Dr.	Rexburg	ID	USA	83440
5. Organized Under the Laws of: 6.						
IDAHO W 55807		Signature: 		Date: 2/1/08		
		Name (type or print): Geoffrey R. Zellers		Title: members		
Issued 01/31/2008 by CLH						

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 SECRETARY OF STATE  
 STATE OF IDAHO

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct 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 of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of management. Note: Do not put "same as last year" or "same as above". These will not be accepted.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.