


No. <b>W 96103</b>  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>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/16/2015</b>  <b>1. Mailing Address: Correct in this box if needed.</b> ALAN ERICKSON LLC ALAN G ERICKSON PO BOX 356 SODA SPRINGS ID 83276	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> ALAN G ERICKSON 1223 NIJINSKY PL SODA SPRINGS ID 83276  <b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>ALAN ERICKSON</td> <td>122 NIJINSKY PL.</td> <td>SODA SPRINGS ID</td> <td>US</td> <td></td> <td>83276</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>BRENT ERICKSON</td> <td>1217 BAILEY CREEK CIR</td> <td>SODA SPRINGS ID.</td> <td>US</td> <td></td> <td>83276</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>GREGG FULLMER</td> <td>201 GAGON DR</td> <td>SODA SPRINGS ID.</td> <td>US</td> <td></td> <td>83276</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DREW ERICKSON</td> <td>356 S. 2ND E.</td> <td>SODA SPRINGS ID.</td> <td>US</td> <td></td> <td>83276</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"/>	ALAN ERICKSON	122 NIJINSKY PL.	SODA SPRINGS ID	US		83276	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BRENT ERICKSON	1217 BAILEY CREEK CIR	SODA SPRINGS ID.	US		83276	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	GREGG FULLMER	201 GAGON DR	SODA SPRINGS ID.	US		83276	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DREW ERICKSON	356 S. 2ND E.	SODA SPRINGS ID.	US		83276
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 96103</div>	<b>6.</b> Signature:  <hr/> Name (type or print): <div style="text-align: center; font-size: 1.2em;">ALAN ERICKSON</div>																																				
Date: 1/5/16 <hr/> Title: OWNER																																					

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