

No. W 77623	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017	2. Registered Agent and Office (NOT A P.O. BOX) BEN LUKEHART 5375 N LINDER RD MERIDIAN ID 83646 <i>11215 W. Ramrod</i> <i>Boise Id. 83713</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. L & L TREE SERVICE LLC BEN LUKEHART 2205 MACE RD EAGLE ID 83616 <i>11215 W. Ramrod Dr.</i> <i>Boise Id. 83713</i>	3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 5%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>Ben Lukehart</i></td> <td><i>11215 W. Ramrod</i></td> <td><i>Boise Id.</i></td> <td><i>ID.</i></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> <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"/>	<i>Ben Lukehart</i>	<i>11215 W. Ramrod</i>	<i>Boise Id.</i>	<i>ID.</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"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 77623 </div>	6. Signature: <u><i>[Signature]</i></u> Date: <u><i>1-18-18</i></u> Name (type or print): <u><i>Ben Lukehart</i></u> Title: <u><i>OWNER</i></u>																																				

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