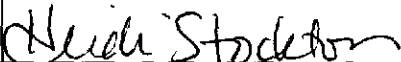





No. W 136512	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ANDY'S AUTOBODY, LLC EIVIND FALCK 509977 HWY 95 BONNERS FERRY ID 83805	EIVIND FALCK 562 BONNER LAKE RD MOYIE SPRINGS ID 83845 Heidi Stockton 6477 Tamarack Lane Bonners Ferry ID 83805 3. <u>New</u> Registered Agent Signature. 																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Elvind Falck</td> <td>562 Bonner Lake Rd</td> <td>Moyie Springs, ID</td> <td>Boundary</td> <td></td> <td>83845</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Elvind Falck	562 Bonner Lake Rd	Moyie Springs, ID	Boundary		83845	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: IDAHO W 136512		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <u>7-29-15</u></td> </tr> <tr> <td>Name (type or print): <u>Elvind Falck</u></td> <td>Title: <u>Member</u></td> </tr> </table>		Signature: 	Date: <u>7-29-15</u>	Name (type or print): <u>Elvind Falck</u>	Title: <u>Member</u>																															
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