

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

Issued 07/29/2015 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**