


No. <b>W 56509</b>	<b>Reinstatement Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  KEVIN NELSON 518 N 2600 E ST ANTHONY ID 83445																																			
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>	1. <b>Mailing Address: Correct in this box if needed.</b>  AUTOSMITHS, LLC KEVIN NELSON 518 N 2600 E ST ANTHONY ID 83445 USA		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<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>Kevin Nelson</td> <td>518 N. 2600 E.</td> <td>St. Anthony Id</td> <td>USA</td> <td></td> <td>83445</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"/>	Kevin Nelson	518 N. 2600 E.	St. Anthony Id	USA		83445	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 56509           </div>		6. Signature: <div style="text-align: center;">   <hr/>         Name (type or print):          KEVIN NELSON       </div> <div style="text-align: right; margin-top: 10px;">         Date: <u>6/5/14</u>          Title: <u>OWNER</u> </div>																																				
Issued 02/21/2014 by online																																						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM