

No. W 148939	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016	2. Registered Agent and Office (NOT A P.O. BOX) PAUL HAUTZINGER 1313 S GRANT AVE BOISE ID 83706 <div style="text-align: center; font-size: 2em; font-weight: bold; margin-top: 20px;">FILED</div>
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. IDAHO'S BEST MOVING AND STORAGE LLC PAUL HAUTZINGER 1313 S GRANT AVE PO BOX 3213 BOISE ID 83706 Nampa, ID 83651	3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Paul D Hautzinger	PO Box 3213	Nampa,	ID		83651
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: <div style="text-align: center; font-size: 1.2em; font-weight: bold; margin-top: 20px;">IDAHO</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold; margin-top: 5px;">W 148939</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u><i>Paul D Hautzinger</i></u> </td> <td style="width: 40%;"> Date: <u>8/18/17</u> </td> </tr> <tr> <td> Name (type or print): <u>Paul D Hautzinger</u> </td> <td> Title: <u>Member</u> </td> </tr> </table>	Signature: <u><i>Paul D Hautzinger</i></u>	Date: <u>8/18/17</u>	Name (type or print): <u>Paul D Hautzinger</u>	Title: <u>Member</u>
Signature: <u><i>Paul D Hautzinger</i></u>	Date: <u>8/18/17</u>				
Name (type or print): <u>Paul D Hautzinger</u>	Title: <u>Member</u>				

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