

No. <b>W 60509</b>	Reinstatement Annual Report Form <b>ADMIN DISSOLVED 06/14/2011</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JAMES R DODGE 4524 PASADENA DR BOISE ID 83705																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> CENTERFIELD AUTO DETAIL LLC 4524 PASADENA DR BOISE ID 83705 <del>CENTERFIELD DETAIL LLC</del> 9616 W. Ramsgate Dr. BOISE, ID 83704		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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>James Dodge</td> <td>9616 W. Ramsgate Dr.</td> <td>Boise, ID</td> <td>ADA</td> <td></td> <td>83704</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Tiffany Coffin</td> <td>9616 W. Ramsgate Dr.</td> <td>Boise, ID</td> <td>ADA</td> <td></td> <td>83704</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"/>	James Dodge	9616 W. Ramsgate Dr.	Boise, ID	ADA		83704	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tiffany Coffin	9616 W. Ramsgate Dr.	Boise, ID	ADA		83704	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:  <b>IDAHO W 60509</b>	6. Signature:  Date: <u>4/5/17</u> Name (type or print): <u>James Dodge</u> Title: <u>owner/manager</u>																																					
Issued 04/05/2017 by JL1																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**