

No. W 83583	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011		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.		ANN L PACK 264 W 33RD N IDAHO FALLS ID 83401-1141		
	L.A. FABRICATING, LLC. ANN L PACK 264 W 33RD N IDAHO FALLS ID 83401-1141		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 Member (circle one)					
Lavell D. Pack		264 w 33rd Idaho Falls, ID U.S.A. 83401			
5. Organized Under the Laws of: IDAHO W 83583		6. Signature: <u>Ann L Pack</u> Name (type or print): <u>Ann L. Pack</u>			Date: <u>7-21-11</u> Title: <u>owner</u>
Issued 07/18/2011 by CLH					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM