

Annual report form for W 1223

No. W 1223		Due no later than Jun 30, 2009 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) KENNETH F MINER 111 S CHURCH ST SALMON ID 83467		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MINER'S GLASS AND RV PARTS, L.L.C. KENNETH F MINER PO BOX 274 SALMON ID 83467-0274		3. New Registered Agent Signature.		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Member	KENNETH F Miner	111 S. CHURCH ST	SALMON	IDL	USA	83467
Member	Richard E. Miner	500 Confederate Dr	SALMON	IDL	USA	83467
Member	Sherryle W. Miner	500 Confederate Dr	SALMON	IDL	USA	83467
5. Organized Under the Laws of: IDAHO W 1223		6. Signature: <u>Kenneth F Miner</u> Name (type or print): <u>KENNETH F. MINER</u> Title: <u>Owner/ Manager</u>				
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a ~~past~~ registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: Do not put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the Internet once it has been filed. DO NOT enter Social Security numbers.**

If the Limited Liability Company is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Liability Company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED