

No. W 41975	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2011		2. Registered Agent and Office (NOT A P.O. BOX) MIKE JENSEN 218 EAST 2ND SOUTH REXBURG ID 83440 <div style="position: absolute; top: 0; right: 0; text-align: right;"> 171 College Ave. </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. MC JENSEN & ASSOCIATES, LLC 218 EAST 2ND SOUTH 171 College Ave. REXBURG ID 83440		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="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 25%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 15%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Michael C Jensen Mike Jensen</td> <td>171 College Ave</td> <td>Rexburg</td> <td>Id.</td> <td>USA</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></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"/>	Michael C Jensen Mike Jensen	171 College Ave	Rexburg	Id.	USA	83440	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-weight: bold; margin-top: 20px;"> IDAHO W 41975 </div>	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Signature:</td> <td style="width: 30%;">Date:</td> </tr> <tr> <td></td> <td>9-21-16</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td>Michael C Jensen</td> <td>Owner</td> </tr> </table>			Signature:	Date:		9-21-16	Name (type or print):	Title:	Michael C Jensen	Owner																											
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM