

No. W 71174	Reinstatement Annual Report Form ADMIN DISSOLVED 05/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) ADEM MESINOVIC 2686 S CANONERO WAY BOISE ID 83709
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. TILE BY ADEM, LLC ADEM MESINOVIC 2686 S CANONERO WAY BOISE ID 83709 3751 N. PRICE WAY MERIDIAN, ID 83646		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 type="checkbox"/> ADEM MESINOVIC 3751 N. PRICE WAY MERIDIAN ID 83646			
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-weight: bold; font-size: large;"> IDAHO W 71174 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: <u><i>Adem Mesinovic</i></u> Name (type or print): <u>ADEM MESINOVIC</u> </div> <div> Date: <u>1/29/13</u> Title: <u>MANAGER</u> </div> </div>	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM