

<b>No. W 162531</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/05/2017</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> ALBERTO DIMAS 1923 N ILLINOIS CALDWELL ID 83605
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ALL TIME ROOFING, LLC 1923 N ILLINOIS AVE CALDWELL ID 83605		<b>3. New Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Alberto Dimas	1923 N. Illinois Ave.	Caldwell, ID 83605
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center;">IDAHO W 162531</div>		<b>6.</b> Signature: <u>Alberto Dimas</u> Name (type or print): _____ <div style="text-align: right;">           Date: <u>6/13/17</u>            Title: <u>Owner</u> </div>	
Issued 06/13/2017 by online			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM