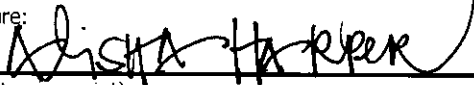


No. W 117381	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) MATTHEW HARPER 16 W 208 S BURLEY ID 83318
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BASIN CUSTOM, LLC ALISHA A HARMAN PO BOX 401 BURLEY ID 83318		3. New 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 type="checkbox"/> Member <input checked="" type="checkbox"/>	ALISHA HARPER 401 BURLEY ID USA 83318		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MATT HARPER 16 W 208 S. BURLEY ID USA 83318		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	NEIL JUSTESEN 230 W. 35 S. BURLEY ID USA 83318		
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 117381 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature: <u></u> Name (type or print): <u>ALISHA HARPER</u> </div> <div style="width: 35%;"> Date: <u>1/5/14</u> Title: <u>MEMBER</u> </div> </div>	
Issued 12/31/2014 by TLB			