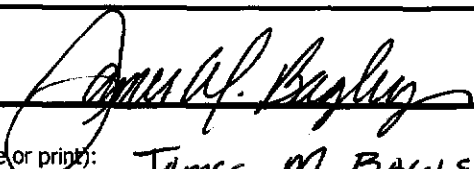


No. W 82201	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) MATT STOPPELLO 670 W HAYES ST 250 South 5th St. BOISE ID 83702 Suite 820	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BAGLEY HOME SERVICES, LLC. 7729 PRISM CT NAMPA ID 83687		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
	JAMES M BAGLEY	7729 Prism Ct.	NAMPA	ID	USA 83687

5. Organized Under the Laws of: <div style="text-align: center; padding: 10px;"> IDAHO W 82201 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> Signature:  Name (type or print): JAMES M. BAGLEY </div> <div style="width: 35%;"> Date: 3-12-11 Title: OWNER </div> </div>
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Issued 02/23/2011 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM