

No. W 18510	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) CRAIG JOHNSON 11165 N. CULDESAC WAY BOISE ID 83714 23986 CamAdrie Lane Star, ID 83666																																			
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. PROJECT & CONSTRUCTION MANAGEMENT, LLC CRAIG JOHNSON 11165 N. CULDESAC WAY BOISE ID 83714 USA 23986 CamAdrie Lane Star, ID 83666		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:25%;">Name</th> <th style="width:30%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Craig L Johnson</td> <td>23986 CamAdrie Ln</td> <td>Star,</td> <td>ID</td> <td></td> <td>83666</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></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"/>	Craig L Johnson	23986 CamAdrie Ln	Star,	ID		83666	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Craig L Johnson	23986 CamAdrie Ln	Star,	ID		83666																																
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;"> IDAHO W 18510 </div>	6. <table style="width:100%;"> <tr> <td style="width:60%;">Signature: </td> <td style="width:40%;">Date: 7-3-18</td> </tr> <tr> <td>Name (type or print): Craig L. Johnson</td> <td>Title: Pres/Manager</td> </tr> </table>			Signature: 	Date: 7-3-18	Name (type or print): Craig L. Johnson	Title: Pres/Manager																															
Signature: 	Date: 7-3-18																																					
Name (type or print): Craig L. Johnson	Title: Pres/Manager																																					