

No. W 33469	Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009			2. Registered Agent and Office (NOT A P.O. BOX)		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. N.B. DRYWALL, LLC. 3920 DORMAN AVE CALDWELL ID 83605			NOE BENAVIDES 14229 SHANANDOAH ST CALDWELL ID 83605 3920 Dorman Ave Caldwell ID 83605		
REINSTATEMENT FEE DUE: \$30.00				3. <u>New</u> Registered Agent Signature.		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name <u>Noe Benavides</u>	Street or PO Address <u>3920 Dorman Ave</u>	City <u>Caldwell</u>	State <u>ID</u>	Country <u>83605</u>	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name <u>Natalia L. Benavides</u>	Street or PO Address <u>3920 Dorman Ave</u>	City <u>Caldwell</u>	State <u>ID</u>	Country <u>83605</u>	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of: <u>IDAHO</u> <u>W 33469</u>		6. Signature: <u>Janea Lourdes Benavides</u> Name (type or print): <u>Janea L. Benavides</u> Date: <u>10-16-12</u> Title: <u>Member</u>				
Issued 10/16/2012 by DK1						