

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.																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Noe Benavides</td> <td>3920 Dorman Ave</td> <td>Caldwell</td> <td>ID</td> <td></td> <td>83605</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Maria L. Benavides</td> <td>3920 Dorman Ave</td> <td>Caldwell</td> <td>ID</td> <td></td> <td>83605</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Noe Benavides	3920 Dorman Ave	Caldwell	ID		83605	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Maria L. Benavides	3920 Dorman Ave	Caldwell	ID		83605	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 33469	6. Signature: <u>Maria Lourdes Benavides</u> Date: <u>10-16-12</u> Name (type or print): <u>Maria L. Benavides</u> Title: <u>Member</u>																																					
Issued 10/16/2012 by DK1																																						