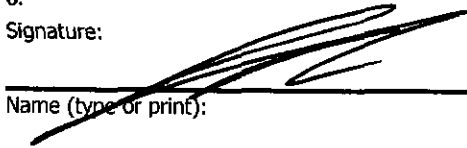


No. <b>W 71206</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/09/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOHN SOUZA 806 W MULLAN AVE POST FALLS ID 83854
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> ADVANCED BARK BLOWING, LLC JOHN SOUZA PO BOX 276 POST FALLS ID 83877		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
<b>Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code</b>			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>John Souza Po Box 3240 Post Falls Id Kootenai</i>			
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; font-size: large;"> <b>IDAHO</b>  <b>W 71206</b> </div>		6. Signature:  <hr/> Name (type or print): _____ Date: <u>6-29-12</u> <hr/> Title: _____	
Issued 06/22/2012 by SLD			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM