

No. <b>W 162724</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/05/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LISA BIONDO 8017 S HWY 95 COEUR D'ALENE ID 83814
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:</b> Correct in this box if needed. COEUR HOMES LLC 8017 S HWY 95 COEUR D'ALENE ID 83814		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			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Natale Biondo 8017 S Highway 95 Cd'A, ID 83814		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Darla Finney 16382 S Hwy. 97 Harrison, ID 83833		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Benjamin Gates 609 E Sherman Ave. #402 Cd'A, ID 83814		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Daniel Ratza 7674 E Burma Rd. Harrison, ID 83833		
5. Organized Under the Laws of:  <div style="text-align: center; font-size: large;"> <b>IDAHO</b>  <b>W 162724</b> </div>		6. Signature: <u>Lisa Biondo</u> Date: <u>8/25/18</u> Name (type or print): <u>Lisa Biondo</u> Title: <u>Manager</u>	
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