No. **W 105363**	**Due no later than Jul 31, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** ROBERT'S RESTORATIONS, LLC SHAWN W ROBERTS 240 CRIMSON IDAHO FALLS ID 83401	SHAWN ROBERTS 240 CRIMSON IDAHO FALLS ID 83401 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	SHAWN ROBERTS	240 CRIMSON	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 105363**	Signature: SHAWN ROBERTS Name (type or print): SHAWN ROBERTS	Date: 07/15/2015 Title: OWNER/MEMBER

Processed 07/15/2015

* Electronically provided signatures are accepted as original signatures.