


No. W 63196	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) JARRED TRACY 114 ROSEBUD DR. RUPERT ID 83350
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. T&T CUSTOM HOMES, LLC KRISTA TRACY 114 ROSEBUD DR RUPERT ID 83350 USA		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"/>	Krista Tracy	114 Rosebud Dr.	Rupert	ID	US	83350
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jarred Tracy	114 Rosebud Dr.	Rupert	ID	US	83350
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-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 63196</div>	6. Signature:  <hr/> Name (type or print): Krista Tracy	Date: <u>8-23-12</u> <hr/> Title: <u>member</u>
--	--	--

Issued 08/21/2012 by SLD