


No. W 83299	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) JUSTIN STIRM 9042 W JAVA LN #102 BOISE ID 83704 3255 Gawaine Pl. Boise, ID 83704
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. ALL-PRO REFINISHING LLC JUSTIN STIRM 9042 W JAVA LN #102 3255 Gawaine Pl. BOISE ID 83704 Boise, ID 83704		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"/> Justin Stirm 3255 Gawaine Pl. Boise, ID USA 83704			
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: 1.2em;"> IDAHO W 83299 </div>		6. Signature:  <hr/> Name (type or print): <u>Justin Stirm</u> <div style="float: right; text-align: right;"> Date: <u>1-23-14</u> Title: <u>member</u> </div>	
Issued 01/16/2014 by SLD			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM