





No. <b>W 49036</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/08/2007</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ROBERT HENRY PAASCH 211 2ND ST WILDER ID 83676  Robert W. Paasch 20705 Travis Rd. Wilder ID 83676																																			
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> FOUR POINTS CONSTRUCTION, LLC <del>ROBERT HENRY PAASCH</del> <del>211 2ND ST</del> <del>WILDER ID 83676</del> Robert W. Paasch PO Box 8 Wilder ID 83676		3. <u>New</u> Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Robert W. Paasch</td> <td>PO Box 8 Wilder,</td> <td>ID</td> <td>US</td> <td></td> <td>83676</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Robert W. Paasch	PO Box 8 Wilder,	ID	US		83676	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 49036</b> </div>		6. <table style="width: 100%;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>4/6/16</u> </td> </tr> <tr> <td>           Name (type or print):  <u>Robert W. Paasch</u> </td> <td>           Title:  <u>principal</u> </td> </tr> </table>		Signature: 	Date: <u>4/6/16</u>	Name (type or print): <u>Robert W. Paasch</u>	Title: <u>principal</u>																															
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM