No. W 50565	l e	later than May 31, 2011 nual Report Form	BOX)	JECCE JAMEC			
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address CUSTOM 32MM (: Correct in this box if needed. CABINETS & COUNTERTOPS,	+ 413 E 3F LLC - POST FA	+ 413 E 3RD AVE STE B 32598 N IST AVE			
NO FILING FEE IF RECEIVED BY DUE DATE	POST FALLS ID	STEB PO BOX 192 83854 SPIRILT LAKE 19			t Signature.		
	ies: Enter Names and	Addresses of Managers OR Men	nbers. See Instruction	is.			
Manager or Member Nam	ie	Street or PO Address	City	State	Country	Postal Code	
Manager Member (circle one)							
_1653	be James	70 Box 192	Spiritake	e 70	Kootenai	83869	
5. Organized Under the Laws of IDAHO	f: 6. Signature:	Lesse James		-	Date: 3	[25/2011	
		0 1					
W 50565	Name (type	or brint): Jesse James	5		Title: MA	PMACER	
Issued 03/21/2011 by DK1						118385	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a <u>new</u> registered agent must sign in Block 3.

Block 4: Circle either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. Note: <u>Do not</u> put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include the title for each name listed.