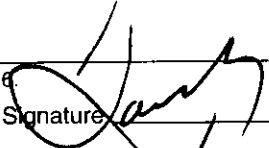
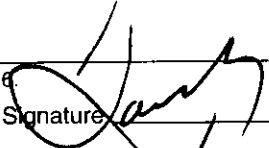
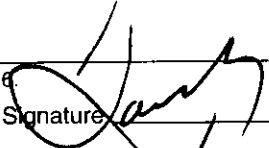


No. W 42103	Due no later than August 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable RESTORATION SPECIALISTS, LLC (THE) 609 W APPLEWAY COEUR D'ALENE, ID 83814		LOUIE PERSLING 609 W APPLEWAY COEUR D'ALENE, ID 83814																		
			3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>CARLA PERSLING</td> <td>1627 E 86th</td> <td>CD4</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>MEMBER</td> <td>LOUIE PERSLING</td> <td>" " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	CARLA PERSLING	1627 E 86th	CD4	ID	83814	MEMBER	LOUIE PERSLING	" " "	"	"	"
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5. Organized Under the Laws of: IDAHO W 42103		6. <table border="0" style="width:100%;"> <tr> <td style="width:50%;"> Signature  Name (Typed or Printed) <u>Louie Persling</u> </td> <td style="width:50%;"> Date <u>6-8-06</u> Title <u>MEMBER</u> </td> </tr> </table>		Signature  Name (Typed or Printed) <u>Louie Persling</u>	Date <u>6-8-06</u> Title <u>MEMBER</u>																
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