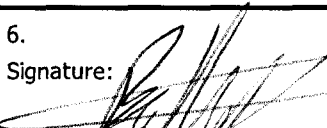


No. W 114650	Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) BENJAMIN MITCHELL 321 WELLS LN PRIEST RIVER ID 83856 2482 old Priest River RD Priest River ID. 83856
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ALL PHASE CONSTRUCTION AND REPAIR, LLC PO BOX 271 2482 old Priest River RD LACLEDE ID 83841 Priest River ID 83856		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"/>	Benjamin Mitchell	2482 Old Priest River Rd Priest River ID 83858	
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 114650 </div>		6. Signature:  <hr/> Name (type or print): <u>Benjamin Mitchell</u>	
		Date: <u>6-30-16</u> <hr/> Title: _____	

Issued 05/20/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM