




No. W 29609	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) TOFFER WISE 1784 W TUALATIN DR POST FALLS ID 83854
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. TRIUNE CONSTRUCTION LLC TOFFER WISE 1784 W TUALATIN DR POST FALLS ID 83854		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"/>	JEFFREY D. WISE	1784 W TUALATIN DR.	POST FALLS	ID	USA	83854
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TOFFER A. WISE	1784 W TUALATIN DR.	POST FALLS	ID	USA	83854
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;"> IDAHO W 29609 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 8/15/12 </td> </tr> <tr> <td> Name (type or print): TOFFER WISE </td> <td> Title: MEMBER </td> </tr> </table>	Signature: 	Date: 8/15/12	Name (type or print): TOFFER WISE	Title: MEMBER
Signature: 	Date: 8/15/12				
Name (type or print): TOFFER WISE	Title: MEMBER				

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