

No. W 108352	Reinstatement Annual Report Form ADMIN DISSOLVED 02/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) ADAM J WOOLSTENHULME 8821 TRAIL CREEK DR VICTOR ID 83455 <i>NO change</i>																																			
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. DRYWALL SOLUTIONS UNLIMITED, LLC ADAM J WOOLSTENHULME PO BOX 973 VICTOR ID 83455																																					
			3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ADAM J WOOLSTENHULME</td> <td>PO Box 973</td> <td>VICTOR</td> <td>ID</td> <td>USA</td> <td>83455</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>KORTNEE WOOLSTENHULME</td> <td>PO Box 973</td> <td>VICTOR</td> <td>ID</td> <td>USA</td> <td>83455</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"/>	ADAM J WOOLSTENHULME	PO Box 973	VICTOR	ID	USA	83455	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	KORTNEE WOOLSTENHULME	PO Box 973	VICTOR	ID	USA	83455	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: IDAHO W 108352		6. Signature: <u>Kortnee Woolstenhulme</u> Date: <u>9/23/13</u> Name (type or print): <u>Kortnee Woolstenhulme</u> Title: _____																																				