No. W 62303	Due no later than May 31, 2009 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CRAFTSMAN RESTORATIONS, LLC I Idaho Estate Planning 1155 E Winding Creek Dr Eagle, ID 83616	Idaho Estate Planning 1155 E Winding Creek Dr Eagle, ID 83616 3. New Registered Agent Signature
 Limited Liability Compan 	ies: Enter Names and Addresses of Managers.	<i>(</i> -
Office held Name	Street or P.O. Address City	State Zip
Manager Robert 1 Kuhn	W. 1709 N. 18th St Bois	ie 10 83702
Kunn		
5. Organized Under the Laws of: IDAHO	8. Signature Store Pouse	Date Oshalos
W 62303	Name (Typed or SHEVEN RAUSCH	Title Atty/ Parter Again
Issued 03/02/2009	Do Not Tape or Staple	200905008128