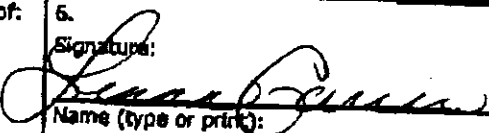


No. W 107595		Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) LENNA GARCIA 11754 W CRESTED BUTTE AVE NAMPA ID 83651	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. GARCIA'S QUALITY SIDING LLC LENNA GARCIA 11754 W CRESTED BUTTE AVE NAMPA ID 83651		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"/>		Lenna Garcia		11754 W Crested Butte Ave Nampa, ID 83651	
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:		6.			
IDAHO W 107595		Signature: 		Date: 2-22-13	
		Name (type or print): Lenna Garcia		Title: LLC member	
Issued 02/22/2013 by DK1					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM