Reinstatement for W 58087

Page 1 of 2

No. W 58087	ADMIN DISSOLVED 04/08/2009	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1.0.411 & Litter PA
	1. Mailing Address: Correct in this box if need	ded. 1755 W CAPRI CT COEUR D'ALENE ID 83814
	MYERS LOG WORKS LLC	COEOR DALENE ID 83814
	COLOR D'ALENE 10-83814	3. New Registered Agent Signature.
REINSTATEMENT	RO. Box 1499 COA, ID.	
FEE DUE: \$30.00	83816	
4. Limited Liability Compani Office Held Nam	les: Enter Names and Addresses of Managers OR Mem ne Street or FO Address	obers. City State Country Postal Code
President/ Ma Member	HMyes P.O. Bax 1499	CDA ID Kootnei 83816
.e		
5. Organized Under the Law	ar at E	* .
IDAHO W 58087	Signature: Matt Mur	Dete: 9/8/09
	Name (type or print): Ma #	Myers The President
Issued 09/08/2009 by DK1	···················· (Member

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Stock 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: <u>Do not put "same as last year" or "same as above".</u> These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.