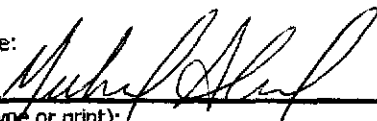


No. W 141734	Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL ALAND 1507 N TESSA AVE MERIDIAN ID 83642 3066 W. Divide Creek Dr. meridian Id. 83646																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. M.A. CARPENTRY LLC MICHAEL ALAND 1507 N TESSA AVE MERIDIAN ID 83642 3066 W. Divide Creek Dr. meridian Id. 83646		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>Jessica Aland</td> <td>3066 W. Divide Creek Dr.</td> <td></td> <td></td> <td></td> <td>83646</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Michael Aland</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> <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"/>	Jessica Aland	3066 W. Divide Creek Dr.				83646	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Michael Aland	"				"	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 141734	6. Signature:  Date: 1-7-17 Name (type or print): <u>Michael Aland</u> Title: <u>Member Owner.</u>																																					

Issued 01/07/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM