

No. W 20851	Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>	
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  MILL RIGHT CUSTOM HOMES AND REMODELING, LLC 6192 SUNRISE AVE 2591 N. Destiny Ave. KUNA ID 83634 Kuna, Id 83634		JODI M PAPE 6192 SUNRISE AVE 2591 N. Destiny Ave. KUNA ID 83634 Kuna, Id 83634	
<b>REINSTATEMENT FEE DUE: \$30.00</b>			3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name <b>Jeff Pape</b>	Street or PO Address <b>2591 N. Destiny Ave. Kuna Id USA</b>	City	State <b>83634</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<b>Jodi Pape</b>	<b>2591 N. Destiny Ave. Kuna Id USA</b>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 20851</b>		6. Signature: <u>Jodi Pape</u> Name (type or print): <u>Jodi Pape</u>		
		Date: <u>11-16-12</u> Title: _____		

Issued 11/09/2012 by LJC

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM