


W 99047

Page 1 of 4

No. <b>W 99047</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> WILLIAM FRITSCH 1421 BROOKTROUT VICTOR ID 83455																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. ELEMENTS BUILDING SPECIALTIES LLC PO BOX 1345 DRIGGS ID 83422		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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>William Fritsch</i></td> <td><i>1421 Brooktrout</i></td> <td><i>Victor</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83455</i></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> <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 checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>William Fritsch</i>	<i>1421 Brooktrout</i>	<i>Victor</i>	<i>ID</i>	<i>USA</i>	<i>83455</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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:  <b>IDAHO W 99047</b>		6. Signature:  Date: <u>3/31/14</u> Name (type or print): <u>Bill Fritsch</u> Title: <u>Partner</u>																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**