

No. W 29792	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. CHRISTENSEN CABINETS, LLC JONATHAN CHRISTENSEN 5364 N YELLOWSTONE IDAHO FALLS ID 83401		JONATHAN CHRISTENSEN 5412 CLEARFIELD LN IDAHO FALLS ID 83406																																			
REINSTATEMENT FEE DUE: \$30.00			3. New 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 ☐ Member ☒</td> <td>Jonathan Christensen</td> <td>5412 Clearfield Ln</td> <td>Idaho Falls</td> <td>ID</td> <td></td> <td>83406</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Melinda Christensen</td> <td>ID. 83406</td> <td>(Bonneville)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	Jonathan Christensen	5412 Clearfield Ln	Idaho Falls	ID		83406	Manager ☐ Member ☒	Melinda Christensen	ID. 83406	(Bonneville)				Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 29792		6. <table border="1"> <tr> <td>Signature: <i>Jonathan Christensen</i></td> <td>Date: <i>7/24/13</i></td> </tr> <tr> <td>Name (type or print): <i>Jonathan Christensen</i></td> <td>Title: <i>owner</i></td> </tr> </table>		Signature: <i>Jonathan Christensen</i>	Date: <i>7/24/13</i>	Name (type or print): <i>Jonathan Christensen</i>	Title: <i>owner</i>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing 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.