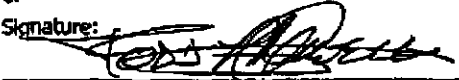


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No. W 138534	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2016		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. EXTREME HANDYMAN LLC TODD L NEWELL 14565 W GOMISKY 6120 N. FOUNTAIN LN BOISE ID 83713 GARDEN CITY, IDAHO 83714		TODD L NEWELL 14565 W GOMISKY BOISE ID 83713 6120 N. FOUNTAIN LN GARDEN CITY IDAHO 83714 3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Todd L. Newell	6120 N. FOUNTAIN LN.	BOISE ID USA 83714
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: IDAHO W 138534		6. Signature:  Date: 4/24/2017 Name (type or print): TODD L. NEWELL Title:	

Revised 04/24/2017 by online