

No. <b>W 150940</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016</b>	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  <b>REINSTATEMENT FEE DUE: \$30.00</b>		1. <b>Mailing Address: Correct in this box if needed.</b> RASMUSSEN RESTORATION & BUILDING LLC BENJAMIN RASMUSSEN 452 ROSEWOOD DR E TWIN FALLS ID 83301
		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Benjamin Rasmussen	452 Rosewood Dr E	Twin Falls	ID		83301
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 150940

6.

Signature:

*Benjamin Rasmussen*

Name (type or print):

Benjamin Rasmussen

Date:

8-30-2016

Title:

Manager