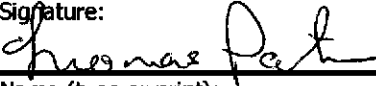


No. W 88089	Reinstatement Annual Report Form ADMIN DISSOLVED 02/27/2018		2. Registered Agent and Office (NOT A P.O. BOX) MITCHELL KENT PAINTON 5030 FREEMONT RD NEW PLYMOUTH ID 83655																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. COMMERCIAL CONSTRUCTION SERVICES LLC MITCHELL KENT PAINTON 5030 FREEMONT RD NEW PLYMOUTH ID 83655 USA																																					
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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Dawn Painton</td> <td>PO Box 327</td> <td>New Plymouth</td> <td>ID</td> <td>Payette</td> <td>83655</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Thomas Painton</td> <td>PO Box 327</td> <td>New Plymouth</td> <td>ID</td> <td>Payette</td> <td>83655</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Dawn Painton	PO Box 327	New Plymouth	ID	Payette	83655	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Thomas Painton	PO Box 327	New Plymouth	ID	Payette	83655	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Dawn Painton	PO Box 327	New Plymouth	ID	Payette	83655																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Thomas Painton	PO Box 327	New Plymouth	ID	Payette	83655																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 88089		6. Signature: <u></u> Date: <u>3 6 18</u> Name (type or print): <u>Thomas Painton</u> Title: <u>member</u>																																				

Issued 03/06/2018 by online