

No. W 149585	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) CHRISTOPHER ALLEN 750 W PICKFORD MERIDIAN ID 83646																												
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. BENCHMARK INSTALLS, LLC PO BOX 1214 EAGLE ID 83616		3. <u>New</u> Registered Agent Signature.																												
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																															
<table style="width: 100%; border: none;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																					
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 149585</div>		6. Signature: <u><i>CC Allen</i></u> Date: <u>8-24-2016</u> Name (type or print): <u>CHRISTOPHER ALLEN</u> Title: <u>MEMBER</u>																													
Issued 08/24/2016 by TLB																															

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM