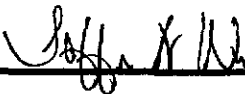


No. <b>W 29609</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/14/2011</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> TOFFER WISE 1784 W TUALATIN DR POST FALLS ID 83854	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  TRIUNE CONSTRUCTION LLC TOFFER WISE 1784 W TUALATIN DR POST FALLS ID 83854		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"/> (circle one)						
	Toffer Wise	P.O. Box 2769	Post Falls	ID	US	83877-2769
	Jeffrey D. Wise	P.O. Box 2769	Post Falls	ID	US	83877-2769

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">             IDAHO              W 29609           </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>           Signature: <u></u> </div> <div>           Date: <u>9/1/11</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>           Name (type or print): <u>Toffer Wise</u> </div> <div>           Title: <u>V.P.</u> </div> </div>
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Issued 08/25/2011 by LJC