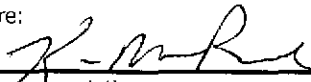
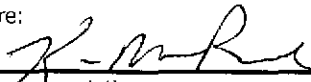
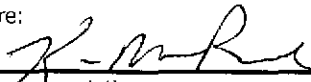


No. W 133961	Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016		2. Registered Agent and Office (NOT A P.O. BOX) KEVIN BURKE 3908 W. TAFT BOISE ID 83703
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BURKE ELECTRICAL CONTRACTING LLC KEVIN M. BURKE 3908 W. TAFT BOISE ID 83703		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"/>	KEVIN M. BURKE	3908 W. TAFT	BOISE	ID	USA	83703
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: <div style="text-align: center;"> IDAHO W 133961 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 6/6/16 </td> </tr> <tr> <td> Name (type or print): KEVIN M. BURKE </td> <td> Title: OWNER mfb </td> </tr> </table>	Signature: 	Date: 6/6/16	Name (type or print): KEVIN M. BURKE	Title: OWNER mfb
Signature: 	Date: 6/6/16				
Name (type or print): KEVIN M. BURKE	Title: OWNER mfb				

Issued 06/06/2016 by DK1