




No. W 121781	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL C HARN II 11357 LINDEN RD CALDWELL ID 83605				
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. CMBC SHED MANUFACTURING LLC 1411 3RD ST S NAMPA ID 83651		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"/> MIKE HARN 11357 LINDEN RD ID.							
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; font-size: large;"> IDAHO W 121781 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 5-28-15 </td> </tr> <tr> <td> Name (type or print): MIKE HARN </td> <td> Title: manager </td> </tr> </table>		Signature: 	Date: 5-28-15	Name (type or print): MIKE HARN	Title: manager
Signature: 	Date: 5-28-15						
Name (type or print): MIKE HARN	Title: manager						
Issued 05/28/2015 by DK1							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM