No. W 45448	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010	2. Registered Agent and Office **(NOT A P.O. BOX)**
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.** HIGH PLAINS DRYWALL, LLC SHANE LAWSON ~~69 VALLEYVIEW RD~~ ~~IDAHO FALLS ID 83402~~ 3103 Chasewood Ammon, ID 83406	SHANE LAWSON ~~69 VALLEYVIEW RD~~ ~~IDAHO FALLS ID 83402~~ 3103 Chasewood Ammon, ID 83406 3. New 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 ☐ Member ☑	Shane Lawson	3103 Chasewood	Ammon	ID	USA	83406
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 45448	Signature: Shane Lawson Date: 10/1/2013 Name (type or print): Shane Lawson Title:

Issued 10/01/2013 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM