

No. W 15277	Reinstatement Annual Report Form ADMIN DISSOLVED 08/10/2011		2. Registered Agent and Office (NOT A P.O. BOX) KURT A RASMUSSEN 723 SYRING HTS RD SANDPOINT ID 83864															
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. RASMUSSEN CONSTRUCTION, LLC KURT RASMUSSEN 723 SYRINGA HTS. RD SANDPOINT ID 83864		3. <u>New</u> Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																		
<table border="0" style="width: 100%;"> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 35%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code							
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(Manager) Member (circle one)																		
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5. Organized Under the Laws of: IDAHO W 15277		6. <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;">Signature: <u><i>Kurt Rasmussen</i></u></td> <td style="width: 30%;">Date: <u><i>9.3.11</i></u></td> </tr> <tr> <td>Name (type or print): <u><i>Kurt Rasmussen</i></u></td> <td>Title: <u><i>Manager</i></u></td> </tr> </table>			Signature: <u><i>Kurt Rasmussen</i></u>	Date: <u><i>9.3.11</i></u>	Name (type or print): <u><i>Kurt Rasmussen</i></u>	Title: <u><i>Manager</i></u>										
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Issued 08/26/2011 by LJC																		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM