

No. W 50286	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) MARK W MILLER 10910 CRUSER DR BOISE ID 83709															
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. MILLER WORKS, LLC 10910 CRUSER DR BOISE ID 83709		3. <u>New</u> Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Mark W. Miller</td> <td>10910 Cruser Dr</td> <td>Boise</td> <td>ID</td> <td>ADA</td> <td>83709</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member	Mark W. Miller	10910 Cruser Dr	Boise	ID	ADA	83709
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
Member	Mark W. Miller	10910 Cruser Dr	Boise	ID	ADA	83709												
5. Organized Under the Laws of: IDAHO W 50286		6. Signature:  Date: <u>8/30/10</u> Name (type or print): <u>Mark W. Miller</u> Title: <u>Member</u>																
Issued 08/23/2010 by SLD																		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM