

No. W 75510	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009		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.		SCOTT HANSON															
	PRECISION ROOFING LIMITED LIABILITY COMPANY 10300 MAPLE HAYDEN ID 83835		11359 N GOVERNMENT WAY HAYDEN ID 83835 <i>10300 maple</i> <i>Hayden ID 83835</i>															
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></td><td><i>Scott Hanson</i></td><td><i>10300 maple</i></td><td><i>Hayden</i></td><td><i>ID</i></td><td><i>Post</i></td><td><i>83835</i></td></tr></tbody></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code		<i>Scott Hanson</i>	<i>10300 maple</i>	<i>Hayden</i>	<i>ID</i>	<i>Post</i>	<i>83835</i>
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5. Organized Under the Laws of: IDAHO W 75510	6. <table border="1"><tr><td>Signature: <i>Scott Hanson</i></td><td>Date: <i>7/22/10</i></td></tr><tr><td>Name (type or print): <i>Scott Hanson</i></td><td>Title: <i>owner</i></td></tr></table>				Signature: <i>Scott Hanson</i>	Date: <i>7/22/10</i>	Name (type or print): <i>Scott Hanson</i>	Title: <i>owner</i>										
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Issued 07/22/2010 by J.L																		