




No. <b>W 41351</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/15/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> AMEL MUSTIC 5415 N VERCELLI WAY MERIDIAN ID 83646																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> AM PAINTING LLC. AMEL MUSTIC 5415 N VERCELLI WAY MERIDIAN ID 83646		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">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: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>AMEL MUSTIC</td> <td>5415 N. VERCELLI WAY,</td> <td>MERIDIAN</td> <td>ID</td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>TARIK MUSTIC</td> <td>2124 4th STREET,</td> <td>NAMP</td> <td>ID</td> <td></td> <td>83646</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>83687</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	AMEL MUSTIC	5415 N. VERCELLI WAY,	MERIDIAN	ID			Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TARIK MUSTIC	2124 4th STREET,	NAMP	ID		83646	Manager <input type="checkbox"/> Member <input type="checkbox"/>						83687	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             IDAHO              W 41351           </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">           Signature:   </td> <td style="width: 40%; padding: 5px;">           Date:            12-1-16         </td> </tr> <tr> <td style="padding: 5px;">           Name (type or print):            AMEL MUSTIC         </td> <td style="padding: 5px;">           Title:            MEMBER         </td> </tr> </table>		Signature: 	Date: 12-1-16	Name (type or print): AMEL MUSTIC	Title: MEMBER																															
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Issued 12/01/2016 by JL1																																						