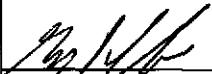
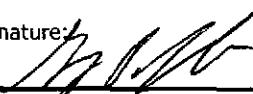


No. W 160834		Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017		2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SNAKE RIVER ROOFING LLC 525 CROSSPOINT AVE NAMPA ID 83686		GREGG PUFFE 525 CROSSPOINT AVE NAMPA ID 83686	
REINSTATEMENT FEE DUE: \$30.00				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 <input type="checkbox"/> Member <input type="checkbox"/>		<i>Greg Puffe</i> 525 crosspoint nampa id 83686			
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of: IDAHO W 160834		6.			
		Signature: 		Date: <u>4/15/17</u>	
		Name (type or print): <u>Greg Puffe</u>		Title: <u>Owner</u>	