


No. W 116833	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) KEVIN ANDERSON 435 W MAIN #2B REXBURG ID 83440 <i>460 Rolling Hills Dr</i> <i>Rexburg ID 83440</i>							
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. SILICATE STUDIO HOME LLC 435 W MAIN #2B REXBURG ID 83440 <i>460 Rolling Hills Dr</i> <i>Rexburg ID 83440</i>		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="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Kevin Anderson</i>	<i>460 Rolling Hills Dr</i>	<i>Rexburg</i>	<i>ID</i>	<i>USA</i>	<i>83440</i>				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Kellie Anderson</i>	<i>460 Rolling Hills Dr</i>	<i>Rexburg</i>	<i>ID</i>	<i>USA</i>	<i>83440</i>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 116833 </div>		6. Signature:  <hr/> Name (type or print): <i>Kevin Anderson</i>		Date: <i>12/16/15</i> <hr/> Title: <i>Omer</i>						
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