

No. W 17704	Reinstatement Annual Report Form ADMIN DISSOLVED 04/11/2011				2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ROBERT JENKINS 2127 E KAMAY DR MERIDIAN ID 83646
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. INTERIOR FINISH SERVICES L.L.C. ROBERT JENKINS 2127 E KAMAY DR MERIDIAN ID 83646				3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE DUE: \$30.00</b>					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name	Street or PO Address	City	State	Country      Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	SYLVIA JENKINS 2127 E KAMAY DR MERIDIAN ID. USA 83646				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ROBERT JENKINS 2127 E KAMAY DR. MERIDIAN ID. USA 83646				
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:  IDAHO W 17704		6. Signature: 		Date: <u>7/9/12</u>	
		Name (type or print): ROBERT JENKINS		Title: <u>MEMBER</u>	

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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM