


No. W 17704	Reinstatement Annual Report Form ADMIN DISSOLVED 04/11/2011		2. Registered Agent and Office (NOT A P.O. BOX) 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 REINSTATEMENT FEE DUE: \$30.00	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.
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 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: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 17704 </div>		6. Signature:  Date: 7/9/12 Name (type or print): ROBERT JENKINS Title: MEMBER	

Issued 07/09/2012 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM