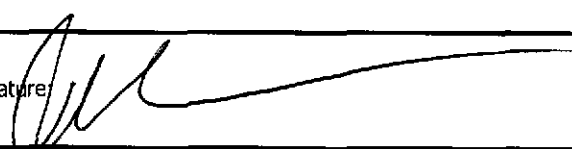
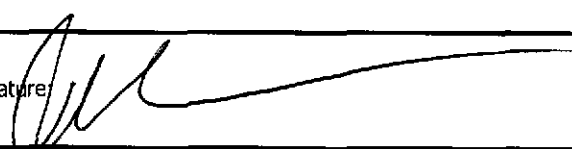
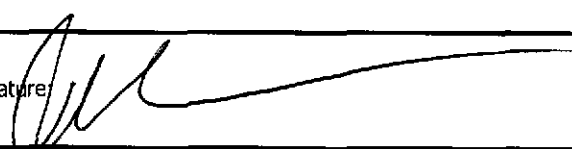


No. <b>W 161625</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <div style="text-align: center; font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> REINSTATEMENT FEE DUE: \$30.00	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/05/2017</b>  1. <b>Mailing Address: Correct in this box if needed.</b> ACCENT FABRICATION & DESIGN LLC <del>1900 NORTHWEST BLVD STE 106A</del> <del>COEUR D ALENE ID 83814</del> 5872 N GOVERNMENT WAY UNIT # 401 DALTON GARDENS, ID 83815	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> NORTHWEST REGISTERED AGENT LLC 784 S CLEARWATER LOOP STE B POST FALLS ID 83854 USA  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="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> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>ROBERT ZAHNOW</td> <td>4963 N WEBSTER</td> <td>COEUR D ALENE</td> <td>ID</td> <td></td> <td>83815</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> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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 checked="" type="checkbox"/> Member <input type="checkbox"/>	ROBERT ZAHNOW	4963 N WEBSTER	COEUR D ALENE	ID		83815	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	ROBERT ZAHNOW	4963 N WEBSTER	COEUR D ALENE	ID		83815																															
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:  <div style="text-align: center; font-size: 1.5em; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">W 161625</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>1-31-2018</u> </td> </tr> <tr> <td>           Name (type or print):  <u>ROBERT LEROY ZAHNOW</u> </td> <td>           Title:  <u>OWNER</u> </td> </tr> </table>		Signature: 	Date: <u>1-31-2018</u>	Name (type or print): <u>ROBERT LEROY ZAHNOW</u>	Title: <u>OWNER</u>																															
Signature: 	Date: <u>1-31-2018</u>																																				
Name (type or print): <u>ROBERT LEROY ZAHNOW</u>	Title: <u>OWNER</u>																																				