REINSTATEMENT

No. W 41538	Annual Report Form ADMIN DISSOLVED 11/09/2006	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable BUILDIT FRAMING, LLC 4171 CLARKSTON CT	TYLER ODGEN 4171 CLARKSTON CT IDAHO FALLS, ID 83401
FEE DUE \$30.00	IDAHO FALLS, ID 83401	3. New registered agent signature
Limited Liability Companies: Enter Limited and Limited Liability Partn Office held Name	Business Addresses of President, Secretary and Directors Names and Addresses of management. erships: Enter names and addresses of at least two (2) partners. Street or P.O. Address ER OGDEN +171 CLARKSTON CT	STATE STATE TO STATE STA
	VAI	<u></u>
Organized under the laws of: IDAHO	6. Signature	Date 12/20/6C
W 41538	Name (Typed or Tyler Ogden	Title PRESIDENT