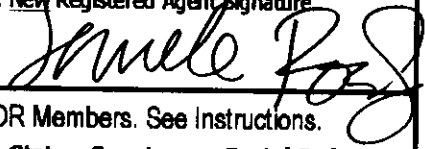
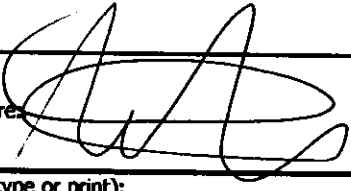


<b>No. W 58785</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/10/2013</b>  <b>1. Mailing Address: Correct in this box if needed.</b> T&R MASONRY LLC TIMOTHY D FELLIN <del>328 W LINCOLN AVE</del> <b>11937 Dynamite Ln.</b> <del>NAMPA ID 83686 USA</del> <b>Kuna, ID 83434</b>	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> TIMOTHY DAVID FELLIN 328 W LINCOLN AVE <del>NAMPA ID 83686</del> <b>Idaho Tax Group LLC</b> <b>144 McClure Ave</b> <b>Nampa, ID 83651</b>  <b>3. New Registered Agent Signature</b> 																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Tim Fellin</td> <td>11937 Dynamite Ln.</td> <td>Kuna</td> <td>ID</td> <td>USA</td> <td>83434</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Roxanne Fellin</td> <td>11937 Dynamite Ln.</td> <td>Kuna</td> <td>ID</td> <td>USA</td> <td>83434</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Tim Fellin	11937 Dynamite Ln.	Kuna	ID	USA	83434	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Roxanne Fellin	11937 Dynamite Ln.	Kuna	ID	USA	83434	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 58785</b>	<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signatures</b>    <b>Name (type or print):</b>  <b>Tim Fellin</b> </div> <div style="width: 35%;"> <b>Date:</b>  <b>08/01/13</b>   <b>Title:</b>  <b>Member</b> </div> </div>																																				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM