

No. <b>W 131831</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/30/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LES THOMAS 11532 S ROCKIN TURNER RD HARRISON ID 83833
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> NEW BEGINNING LOG HOMES LLC. LES THOMAS <del>11532 S ROCKIN TURNER RD</del> HARRISON ID 83833  <i>PO BOX 252</i>		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	LES THOMAS	PO BOX 252	HARRISON ID KOOTENAI 83833
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-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 131831</div>		6. Signature: <u><i>Les Thomas</i></u> Date: <u>MAY 1, 2015</u> Name (type or print): <u>LES THOMAS</u> Title: <u>MANAGER</u>	

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM