| No. W 101079 | Due no later than Mar 31, 2012 Annual Report Form | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|------------------------------------|-----------------------|---|---------|-------------|--|
| Return to: | | | | JUSTIN ROBERT DAVIS | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | | | 3316 COACHMAN CT NAMPA ID 83687 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | CERTIFIED PROFESSIONAL RESTORERS, LLC CHRISTOPHER J DAVIS 1235 N MIDLAND BLVD NAMPA ID 83651 | | NAMPA ID | IVAIVIFA ID 63007 | | | |
| | | | 3. <u>New</u> Registe | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | |
| 4. Limited Liability Companies: Enter Na | mes and Addresses o | of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER CHRISTOPHER J DAVIS 3316 COACHMAN COURT | | NAMPA | ID | USA | 83687 | | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| ID | ID Signature: Christopher Davis | | Date: 04/04/2012 | | | | |
| W 101079 | Name (type or print): Christopher Davis | | | Title: Owner | | | |
| Processed 04/04/2012 | * Electronically provided signatures are accepted as original signatures. | | | | | | |