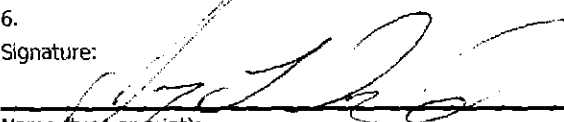
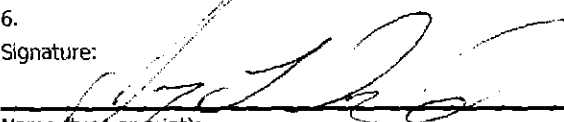
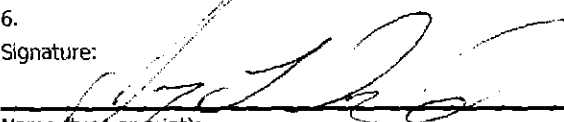


No. W 118872	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) GARY TOWNSEND 9619 W CHAPPARAL RD EAGLE ID 83616 <i>6757 Bennett Rd. Nampa Id. 83684</i>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CUSTOM RENOVATIONS LLC 9619 W CHAPPARAL RD EAGLE ID 83616 <i>6757 Bennett Rd. Nampa Id. 83684</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"/>	Gary Townsend	6757 Bennett	Nampa	Id		83684
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;"> IDAHO W 118872 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <i>6-1-16</i> </td> </tr> <tr> <td> Name (type or print): <i>Gary L. Townsend</i> </td> <td> Title: <i>manager</i> <i>owner</i> </td> </tr> </table>	Signature: 	Date: <i>6-1-16</i>	Name (type or print): <i>Gary L. Townsend</i>	Title: <i>manager</i> <i>owner</i>
Signature: 	Date: <i>6-1-16</i>				
Name (type or print): <i>Gary L. Townsend</i>	Title: <i>manager</i> <i>owner</i>				

Issued 06/01/2016 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM