

# REINSTATEMENT FILED EFFECTIVE

| No. <b>W 28072</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Annual Report Form</b>                                                                                                    | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>        |             |       |                        |      |       |     |         |              |                     |            |    |       |         |                |      |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------|-------|------------------------|------|-------|-----|---------|--------------|---------------------|------------|----|-------|---------|----------------|------|--|--|--|
| Return to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>ADMIN DISSOLVED 04/08/2009</b>                                                                                            |                                                             |             |       |                        |      |       |     |         |              |                     |            |    |       |         |                |      |  |  |  |
| SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0090                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SILVER LAKE SIDING LLC<br>1724 W GRANGE AVE<br>POST FALLS, ID 83854                                                          | SCOTT J DAWSON<br>1724 W GRANGE AVE<br>POST FALLS, ID 83854 |             |       |                        |      |       |     |         |              |                     |            |    |       |         |                |      |  |  |  |
| FEE DUE \$30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                              | 3. New registered agent signature                           |             |       |                        |      |       |     |         |              |                     |            |    |       |         |                |      |  |  |  |
| <p>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors<br/>Limited Liability Companies: Enter Names and Addresses of management.<br/>Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners.</p> <table border="0"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>manager</td><td>Scott Dawson</td><td>1724 W. Grange Ave.</td><td>Post falls</td><td>ID</td><td>83854</td></tr><tr><td>manager</td><td>Barbara Dawson</td><td>same</td><td></td><td></td><td></td></tr></tbody></table> |                                                                                                                              |                                                             | Office held | Name  | Street or P.O. Address | City | State | Zip | manager | Scott Dawson | 1724 W. Grange Ave. | Post falls | ID | 83854 | manager | Barbara Dawson | same |  |  |  |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name                                                                                                                         | Street or P.O. Address                                      | City        | State | Zip                    |      |       |     |         |              |                     |            |    |       |         |                |      |  |  |  |
| manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Scott Dawson                                                                                                                 | 1724 W. Grange Ave.                                         | Post falls  | ID    | 83854                  |      |       |     |         |              |                     |            |    |       |         |                |      |  |  |  |
| manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Barbara Dawson                                                                                                               | same                                                        |             |       |                        |      |       |     |         |              |                     |            |    |       |         |                |      |  |  |  |
| 5. Organized under the laws of:<br><br>IDAHO<br>W 28072                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. Signature <u>Barbara Dawson</u> Date <u>5-14-09</u><br>Name (Typed or Printed) <u>Barbara Dawson</u> Title <u>manager</u> |                                                             |             |       |                        |      |       |     |         |              |                     |            |    |       |         |                |      |  |  |  |

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