

No. W 4183 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012		2. Registered Agent and Office (NOT A P.O. BOX) LARRY RALSTON <i>John McBride</i> 1117 PLAZA DR EAGLE ID 83616 <i>→ SAME Jim</i>																																			
	1. Mailing Address: Correct in this box if needed. CAPITOL BUILDING COMPANY, LLC JOHN C. MCBRIDE 561 E. BALMORAL RD. BOISE ID 83702 USA	3. <u>New</u> Registered Agent Signature. <i>Jim McBride</i>																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"><i>John McBride 561 E BALMORAL RD BOISE ID USA 83702</i></td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>John McBride 561 E BALMORAL RD BOISE ID USA 83702</i>						Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 4183</div>		6. Signature: <i>Jim McBride</i> Date: <i>11/30/12</i> Name (type or print): <i>John McBride</i> Title: <i>m. member</i>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM