

No. W 83913	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) STACEY CRABTREE 59 N ARROW CREEK LN EAGLE ID 83616 1424 E REGATTA ST BOISE ID 83706												
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. EXTERIOR CONCEPTS LLC PO BOX 1842 59 N ARROW CREEK LN EAGLE ID 83616		3. New Registered Agent Signature.												
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Manager/Member Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>STACEY CRABTREE</td> <td>PO BOX 1842</td> <td>EAGLE</td> <td>ID</td> <td>USA</td> <td>83616</td> </tr> </tbody> </table>				Manager/Member Name	Street or PO Address	City	State	Country	Postal Code	STACEY CRABTREE	PO BOX 1842	EAGLE	ID	USA	83616
Manager/Member Name	Street or PO Address	City	State	Country	Postal Code										
STACEY CRABTREE	PO BOX 1842	EAGLE	ID	USA	83616										
5. Organized Under the Laws of: IDAHO W 83913		6. Signature:  Date: 1/29/11 Name (type or print): STACEY CRABTREE Title: DIRECTOR MgN													
Issued 01/28/2011 by KAH															