

| <p>No. W 88352</p> | <p>Reinstatement Annual Report Form ADMIN DISSOLVED 02/11/2013</p> | | <p>2. Registered Agent and Office (NOT A P.O. BOX) CHARLES R FIFE 564 N 4107 E RIGBY ID 83442</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------|--|-------------------------------------|--------------------------|---|------------------------|-------|---------|-------------|---|--------------|----------------|--------|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> | <p>1. Mailing Address: Correct in this box if needed. C.R.F. MECHANICAL LLC CHARLES R FIFE 564 N. 4107 E. RIGBY ID 83442</p> | | <p>3. <u>New</u> Registered Agent Signature.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>REINSTATEMENT FEE DUE: \$30.00</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:20%;">Name</th> <th style="width:25%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Charles Fife</td> <td>564 N. 4107 E.</td> <td>Rigby,</td> <td>ID</td> <td>USA</td> <td>83442</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Charles Fife | 564 N. 4107 E. | Rigby, | ID | USA | 83442 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Charles Fife | 564 N. 4107 E. | Rigby, | ID | USA | 83442 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. Organized Under the Laws of:</p> <p style="text-align: center;">IDAHO W 88352</p> | <p>6.</p> <table style="width:100%;"> <tr> <td style="width:70%;">Signature: <u>Charles R Fife</u></td> <td style="width:30%;">Date: <u>3/3/2014</u></td> </tr> <tr> <td>Name (type or print): <u>CHARLES R. FIFE</u></td> <td>Title: <u>OWNER</u></td> </tr> </table> | | | Signature: <u>Charles R Fife</u> | Date: <u>3/3/2014</u> | Name (type or print): <u>CHARLES R. FIFE</u> | Title: <u>OWNER</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: <u>Charles R Fife</u> | Date: <u>3/3/2014</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (type or print): <u>CHARLES R. FIFE</u> | Title: <u>OWNER</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Issued 03/03/2014 by online</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM