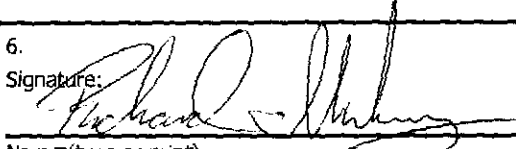
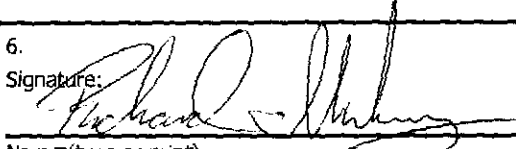
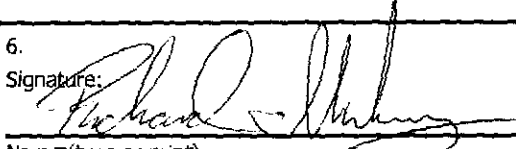


No. W 159600	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX) RICHARD IKENBERRY 3107 N SHARON ST MERIDIAN ID 83646 7184 E Hampton Ln Nampa ID 83687																								
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BENT NAIL CONSTRUCTION LLC 3107 N SHARON ST MERIDIAN ID 83646 7184 E Hampton Ln Nampa ID 83687		3. <u>New</u> Registered Agent Signature.																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																											
<table border="0" style="width: 100%;"> <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> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																	
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																					
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"> Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> </td> <td colspan="5"> Richard Ikenberry 7184 E Hampton Ln Nampa ID 83687 </td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td colspan="5"></td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td colspan="5"></td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td colspan="5"></td> </tr> </table>				Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Richard Ikenberry 7184 E Hampton Ln Nampa ID 83687					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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Richard Ikenberry 7184 E Hampton Ln Nampa ID 83687																										
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; font-size: large;"> IDAHO W 159600 </div>		6. <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): Richard Ikenberry </td> <td style="width: 40%;"> Date: 2-12-18 Title: Owner </td> </tr> </table>		Signature:  Name (type or print): Richard Ikenberry	Date: 2-12-18 Title: Owner																						
Signature:  Name (type or print): Richard Ikenberry	Date: 2-12-18 Title: Owner																										

Issued 02/12/2018 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM