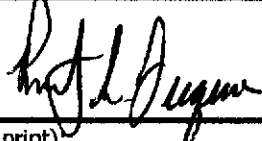


No. W 78937	Reinstatement Annual Report Form ADMIN DISSOLVED 02/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT FUQUA 2101 W PINEGLEN CT ATHOL ID 83801																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SUPERIOR BUILDING SYSTEMS LLC ROBERT ALLEN FUQUA 2101 W PINEGLEN CT ATHOL ID 83801		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>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>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Robert Fuqua</td> <td>2101 W. Pine Glen CT</td> <td>ATHOL</td> <td>ID</td> <td></td> <td>83801</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Coby Fuqua</td> <td>15423 N. RANCH VALLEY RD</td> <td>RATHDRUM</td> <td>ID</td> <td></td> <td>83858</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"/>	Robert Fuqua	2101 W. Pine Glen CT	ATHOL	ID		83801	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Coby Fuqua	15423 N. RANCH VALLEY RD	RATHDRUM	ID		83858	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: IDAHO W 78937		6. Signature:  Date: 5-3-17 Name (type or print): Robert Fuqua Title: OWNER																																				
Issued 05/03/2017 by online																																						