

No. W 26650	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) BEN HARAGOS 859 W MOUNTAINASH LP NAMPA ID 83686
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BEN'S FLOOR COVERING, LLC 859 W MOUNTAINASH LP NAMPA ID 83686		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Ben Haragos	859 W Mountainash Loop	Nampa	ID		83686 Canyon
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-weight: bold;">IDAHO W 26650</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Ben</u> </td> <td style="width: 40%;"> Date: <u>3-6-15</u> </td> </tr> <tr> <td> Name (type or print): <u>Ben Haragos</u> </td> <td> Title: <u>owner</u> </td> </tr> </table>	Signature: <u>Ben</u>	Date: <u>3-6-15</u>	Name (type or print): <u>Ben Haragos</u>	Title: <u>owner</u>
Signature: <u>Ben</u>	Date: <u>3-6-15</u>				
Name (type or print): <u>Ben Haragos</u>	Title: <u>owner</u>				

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