




No. W 40725	Reinstatement Annual Report Form ADMIN DISSOLVED 09/23/2014		2. Registered Agent and Office (NOT A P.O. BOX) ERIC STEINER 7992 N WESTVIEW COEUR D'ALENE ID 83815																																			
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. STEINER'S QUALITY ROOFING LLC. ERIC STEINER 7992 N WESTVIEW DR COEUR D ALENE ID 83815		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 25%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Eric Steiner</td> <td>7992 N. Westview Dr</td> <td>COA</td> <td>ID</td> <td>USA</td> <td>83815</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Patricia Steiner</td> <td>7992 N. Westview Dr</td> <td>COA</td> <td>ID</td> <td>USA</td> <td>83815</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brenden Steiner</td> <td>7992 N. Westview Dr</td> <td>COA</td> <td>ID</td> <td>USA</td> <td>83815</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"/>	Eric Steiner	7992 N. Westview Dr	COA	ID	USA	83815	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Patricia Steiner	7992 N. Westview Dr	COA	ID	USA	83815	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brenden Steiner	7992 N. Westview Dr	COA	ID	USA	83815	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 40725 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature:  <hr/> Name (type or print): Eric Steiner </td> <td style="width: 30%;"> Date: 11-7-14 <hr/> Title: member #74 </td> </tr> </table>			Signature:  <hr/> Name (type or print): Eric Steiner	Date: 11-7-14 <hr/> Title: member #74																																	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM