


No. W 151944	Reinstatement Annual Report Form ADMIN DISSOLVED 08/31/2016		2. Registered Agent and Office (NOT A P.O. BOX) MATT FISHER 812 E WALLACE COEUR D'ALENE ID 83814 660 Capstone Court, Ste B Hayden, ID 83835																																			
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. CUSTOM CRAFT CONSTRUCTION, LLC MATT FISHER 812 E WALLACE COEUR D'ALENE ID 83814 660 Capstone Court, Ste B Hayden, ID 83835		3. <u>New</u> Registered Agent Signature.																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Matt Fisher</td> <td>812 E. Wallace,</td> <td>Coeur d'Alene,</td> <td>ID</td> <td></td> <td>83814</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Randy Oaks</td> <td>3646 W. Loxton Loop,</td> <td>Coeur d'Alene,</td> <td>ID</td> <td></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> <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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Matt Fisher	812 E. Wallace,	Coeur d'Alene,	ID		83814	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Randy Oaks	3646 W. Loxton Loop,	Coeur d'Alene,	ID		83815	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 151944	6. Signature:  Name (type or print): Matt Fisher		Date: 9/27/16 Title: President																																			
Issued 09/27/2016 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM