


No. <b>W 88575</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/10/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>								
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> BLACK LABEL STONE & TILE, LLC RYAN WOOD 893 WENDELL ST TWIN FALLS ID 83301		RYAN WOOD 893 WENDELL ST TWIN FALLS ID 83301								
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			3. <u>New</u> Registered Agent Signature.								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.											
<table border="0"><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></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					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Ryan Wood	893 Wendell St.	Twin Falls	ID	USA	83301					
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:											
IDAHO W 88575		6. Signature:  Name (type or print): <u>Ryan Wood</u>			Date: <u>6-24-16</u> Title: <u>Owner</u>						
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