

No. W 62348	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) LOIS A TAYLOR 1212 S GOURLEY ST BOISE ID 83705																																			
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. T QUALITY FRAMING, LLC LOIS A TAYLOR 1212 S GOURLEY ST BOISE ID 83705		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Anthony Chambrone</td> <td>1212 S Gourley</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83705</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Lois Taylor</td> <td>1212 S. Gourley St.</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83705</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"/>	Anthony Chambrone	1212 S Gourley	Boise	ID	USA	83705	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lois Taylor	1212 S. Gourley St.	Boise	ID	USA	83705	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 62348	6. Signature: <u><i>L Taylor</i></u> Date: <u>08/19/12</u> Name (type or print): <u>Lois Taylor</u> Title: <u>member</u>																																					

Issued 08/13/2012 by SLD

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