


No. W 52953	Due no later than July 31, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX JAMES JACOBS 208 S 4TH AVE CALDWELL, ID 83605																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable TIMBER MOUNTAIN CABINETS, LLC 208 S 4TH AVE CALDWELL, ID 83605	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>James Jacobs</td> <td>4811 Maid Jessica St</td> <td>Caldwell</td> <td>ID</td> <td>83607</td> </tr> <tr> <td>Manager</td> <td>Brandon Platt</td> <td>11957 Tidewater St</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	James Jacobs	4811 Maid Jessica St	Caldwell	ID	83607	Manager	Brandon Platt	11957 Tidewater St	Caldwell	ID	83605
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5. Organized Under the Laws of: IDAHO W 52953	6. Signature <u></u> Date <u>5-17-07</u> Name <small>(Typed or Printed)</small> <u>Brandon Platt</u> Title <u>Manager/Owner</u>																			