

No. W 88575		Reinstatement Annual Report Form ADMIN DISSOLVED 02/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) RYAN WOOD 893 WENDELL ST TWIN FALLS ID 83301																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BLACK LABEL STONE & TILE, LLC RYAN WOOD PO BOX 5264 TWIN FALLS ID 83303 <i>893 Wendell St. Twin Falls, ID 83301</i>		3. <u>New</u> Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00																																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<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 ☒ Member ☐</td> <td>RYAN WOOD</td> <td>893 Wendell St.</td> <td>Twin Falls,</td> <td>ID</td> <td></td> <td>83301</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	RYAN WOOD	893 Wendell St.	Twin Falls,	ID		83301	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 88575		6. Signature:  Name (Type or print): <i>Ryan Wood</i>		Date: <i>6-12-13</i> Title: <i>Pres</i>																																				
Issued 06/12/2013 by JLI																																								