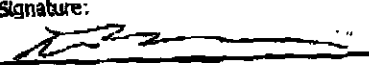


No. W 135936	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) SUSAN P WEEKS 1626 LINCOLN WAY COEUR D ALENE ID 83814																																			
Return to: SECRETARY OF STATE 430 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TREVOR PAUL CONSTRUCTION, LLC TREVOR P SOGGS 15111 S GATE 7 RIDGE RD COEUR D ALENE ID 83814																																					
REINSTATEMENT FEE DUE: \$30.00		3. <u>New</u> Registered Agent Signature.																																				
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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>TREVOR SOGGS</td> <td>15111 S GATE 7 RIDGE RD</td> <td>COEUR D ALENE</td> <td>ID</td> <td>Kootenai</td> <td>83814</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> <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"/>	TREVOR SOGGS	15111 S GATE 7 RIDGE RD	COEUR D ALENE	ID	Kootenai	83814	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 135936		6. Signature:  Date: 8/9/2018 Name (type or print): TREVOR SOGGS Title: Manager																																				

Issued 08/09/2018 by TAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM