\\\ 100009	Reinstatement Annual Report Form	2. Registered Agent and Office
No. W 100998	ADMIN DISSOLVED 05/09/2012	(NOT A P.O. BOX)  JOHN THRUSH  12264 W SKYHAVEN ST  STAR ID 83669
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. THRUSH HOME SERVICES, LLC JOHN THRUSH 12264 W SKYHAVEN ST STAR ID 83669	
REINSTATEMENT FEE DUE: \$30.00		3. New Registered Agent Signature.
<ol> <li>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</li> <li>Manager or Member Name Street or PO Address City State Country Postal Code</li> </ol>		
Manager Member John Thrush 12264 w- Skyhauen st. Stor IJ 83669		
Manager Member		
Manager Member		
Manager Member	_	
5. Organized Under the Lav	l ,	
IDAHO	Signature:	Date:
W 100998	Name (type or print):	5-21-12- Title:
	Vohn Thrush	owner
Issued 05/21/2012 by LJC		