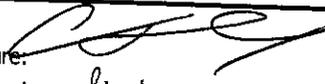| No. W 56688	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** PREMIER TILE AND BUILDING, LLC CHRIS RICHEY PO BOX 163 TWIN FALLS ID 83303	CHRIS RICHEY ~~1530 KIMBERLY MEADOWS DR~~ ~~KIMBERLY ID 83341~~ 903 15th Ave. East Jerome ID 83338
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager [X] Member [ ]	Chris Richey	903 15th Ave. East	Jerome	ID	U.S.	83338
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						

5. Organized Under the Laws of: IDAHO W 56688	6. Signature: _____ Chris Richey Name (type or print):	Date: 11/11/12 Title:

Issued 11/08/2012 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM