

No. W 82538	Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014		2. Registered Agent and Office (NOT A P.O. BOX) RAUL DIAZ 13267 W WOODSPRING CT BOISE ID 83713																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. WOODSHOP43 LLC 13267 W WOODSPRING CT BOISE ID 83713		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 type="checkbox"/></td> <td>RAUL DIAZ</td> <td>13267 W WOODSPRING CT</td> <td>BOISE</td> <td>IDA</td> <td></td> <td>83713</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ROYSA DIAZ</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LEIRA DIAZ</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 type="checkbox"/>	RAUL DIAZ	13267 W WOODSPRING CT	BOISE	IDA		83713	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ROYSA DIAZ	" "	" "	" "	" "	" "	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LEIRA DIAZ	" "	" "	" "	" "	" "	Manager <input type="checkbox"/> Member <input type="checkbox"/>									
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	RAUL DIAZ	13267 W WOODSPRING CT	BOISE	IDA		83713																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ROYSA DIAZ	" "	" "	" "	" "	" "																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LEIRA DIAZ	" "	" "	" "	" "	" "																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 82538	6. Signature:  Name (type or print): RAUL DIAZ		Date: 7-25-14 Title: MANAGER																																			
Issued 07/25/2014 by DK1																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM