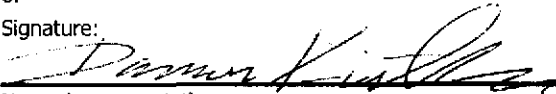


| No. <b>W 114118</b>  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 08/15/2014</b>   |                      | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>DAMON KISTLER<br>25775 ROSEMERE ST<br>RATHDRUM ID 83858 |  |                      |             |       |         |             |   |                |              |           |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--|--|----------------------|--|--|----------------------|-------------|-------|---------|-------------|---|----------------|--------------|-----------|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>  |  |                      |  | 1. <b>Mailing Address: Correct in this box if needed.</b><br>SUPERIOR STONE WERKS LLC<br>DAMON KISTLER<br>PO BOX 1344<br>RATHDRUM ID 83858 |                      |             |       |         |             |   |                |              |           |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| 4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b><br><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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sandra Kistler</td> <td>PO Box 1344,</td> <td>Rathdrum,</td> <td>ID</td> <td>USA</td> <td>83858</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 type="checkbox"/> Member <input checked="" type="checkbox"/> | Sandra Kistler | PO Box 1344, | Rathdrum, | ID | USA | 83858 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | 3. <u>New</u> Registered Agent Signature. |
| Manager or Member  | Name   | Street or PO Address | City   | State  | Country              | Postal Code |       |         |             |   |                |              |           |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>  | Sandra Kistler   | PO Box 1344,         | Rathdrum,  | ID   | USA                  | 83858       |       |         |             |   |                |              |           |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |                      |  |  |                      |             |       |         |             |   |                |              |           |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |                      |  |  |                      |             |       |         |             |   |                |              |           |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |                      |  |  |                      |             |       |         |             |   |                |              |           |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| 5. Organized Under the Laws of:<br><br><b>IDAHO</b><br><b>W 114118</b>   | 6. Signature: <br>Name (type or print): <u>Damon Kistler</u><br>Date: <u>12-4-14</u><br>Title: <u>owner</u> |                      |  |  |                      |             |       |         |             |   |                |              |           |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |

Issued 12/03/2014 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**