

No. <b>W 23806</b>	Reinstatement Annual Report Form <b>ADMIN DISSOLVED 07/11/2012</b>		2. Registered Agent and Office (NOT A P.O. BOX) DALE D PICKERING 312 REBECCA REXBURG ID 83440																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE                  DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. PICKERING FINE WOODWORKING, L. L. C. CHRISTINA PICKERING PO BOX 333 REXBURG ID 83440		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:25%;">Name</th> <th style="width:35%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>Christina Pickering</i></td> <td><i>PO Box 333</i></td> <td><i>Rexburg</i></td> <td><i>Idaho</i></td> <td><i>USA</i></td> <td><i>83440</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Dale Pickering</i></td> <td><i>PO Box 333</i></td> <td><i>Rexburg</i></td> <td><i>Idaho</i></td> <td><i>USA</i></td> <td><i>83440</i></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 type="checkbox"/>	<i>Christina Pickering</i>	<i>PO Box 333</i>	<i>Rexburg</i>	<i>Idaho</i>	<i>USA</i>	<i>83440</i>	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Dale Pickering</i>	<i>PO Box 333</i>	<i>Rexburg</i>	<i>Idaho</i>	<i>USA</i>	<i>83440</i>	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:  <b>IDAHO                  W 23806</b>	6. Signature: <i>Christina Pickering</i> Date: <i>July 30, 2012</i> Name (type or print): <i>Christina Pickering</i> Title: <i>Manager</i>																																					

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**