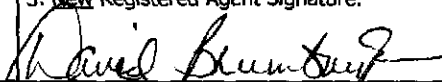



No. W 65214	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011		2. Registered Agent and Office (NOT A P.O. BOX) CONNIE BRUMBAUGH 641 PUMA PL MERIDIAN ID 83642 DAVID BRUMBAUGH 412 14th AVE. S. Nampa, Idaho 83651																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BRUMBAUGH CONSTRUCTION LLC CONNIE BRUMBAUGH DAVID BRUMBAUGH 104 E FAIRVIEW #258 412 14th AVE S. MERIDIAN ID 83642 Nampa, Idaho 83651		3. New Registered Agent Signature: 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>DAVID BRUMBAUGH</td> <td>412 14th AVE S.</td> <td>Nampa</td> <td>ID</td> <td>83651</td> <td>Idaho 83651</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" 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 checked="" type="checkbox"/> Member <input type="checkbox"/>	DAVID BRUMBAUGH	412 14th AVE S.	Nampa	ID	83651	Idaho 83651	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>							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: <div style="text-align: center;"> IDAHO W 65214 </div>		6. Signature:  Date: 8-28-2014 Name (Type or print): DAVID BRUMBAUGH Title: OWNER																																				

FILED EFFECTIVE

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 mailing the