




No. W 161731	Due no later than Feb 28, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) REGISTERED AGENTS INC 1900 NORTHWEST BLVD STE 106A COEUR D'ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ELITE HOMES AND RESTORATIONS LLC 12261 KELLY RAE DR HAYDEN ID 83835		3. <u>New</u> 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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Coleby Maser	1150 Benbridge Ct	Post Falls	ID	USA	83859
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LOGEN DAWSON	1150 Benbridge Ct	Post Falls	ID	USA	83854
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TYLER WHITAKER	3355 W nursery rd	Coeur d'Alene	IDA	USA	83854 83815
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 161731 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>2-16-17</u> </td> </tr> <tr> <td> Name (type or print): <u>Coleby Maser</u> </td> <td> Title: <u>Member</u> </td> </tr> </table>	Signature: 	Date: <u>2-16-17</u>	Name (type or print): <u>Coleby Maser</u>	Title: <u>Member</u>
Signature: 	Date: <u>2-16-17</u>				
Name (type or print): <u>Coleby Maser</u>	Title: <u>Member</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM