

No. W 50575	Reinstatement Annual Report Form ADMIN DISSOLVED 08/10/2011		2. Registered Agent and Office (NOT A P.O. BOX) CRAIG CHRONERT 1748 SAGLE RD SAGLE ID 83860																				
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. FLOOR ESSENCE WOOD FLOORS, LLC CRAIG W CHRONERT PO BOX 215 SAGLE ID 83860 USA																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			3. New Registered Agent Signature.																				
<table border="1"><thead><tr><th>Manager or Member (circle one)</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>☒</td><td>Craig W. Chronert</td><td>P.O. Box 215 Sagle</td><td>Idaho</td><td>83860</td><td>USA</td><td></td></tr><tr><td>☐</td><td>Helen G. Chronert</td><td>P.O. Box 215 Sagle</td><td>Idaho</td><td>83860</td><td>USA</td><td></td></tr></tbody></table>				Manager or Member (circle one)	Name	Street or PO Address	City	State	Country	Postal Code	☒	Craig W. Chronert	P.O. Box 215 Sagle	Idaho	83860	USA		☐	Helen G. Chronert	P.O. Box 215 Sagle	Idaho	83860	USA
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5. Organized Under the Laws of: IDAHO W 50575		6. <table><tr><td>Signature: <u>Helen Chronert</u></td><td>Date: <u>8-19-11</u></td></tr><tr><td>Name (type or print): <u>Helen Chronert</u></td><td>Title: <u>manager</u></td></tr></table>		Signature: <u>Helen Chronert</u>	Date: <u>8-19-11</u>	Name (type or print): <u>Helen Chronert</u>	Title: <u>manager</u>																
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