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|---|--|--|--|--|
| No. <b>W 34924</b>  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 03/08/2011</b>   |  | 2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> )<br>JOHN SHAY<br>331 MELROSE ST<br>BELLEVUE ID 83313 |  |
| 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 DUE: \$30.00</b> | 1. Mailing Address: Correct in this box if needed.<br><br>J. SHAY CONSTRUCTION, LLC<br>JOHN SHAY<br>331 MELROSE ST<br>BELLEVUE ID 83313<br>USA |  | 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) Member (circle one) | John Shay | 331 Melrose St       | Bellevue | ID    | USA     | 83313       |

|  |   |                             |                      |  |                                       |
|--|---|-----------------------------|----------------------|--|---------------------------------------|
| 5. Organized Under the Laws of:<br><br><div style="text-align: center; font-weight: bold;">IDAHO<br/>W 34924</div> | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u>John Shay</u></td> <td style="width: 30%;">Date: <u>3-18-11</u></td> </tr> <tr> <td>Name (type or print): <u>John Shay</u></td> <td>Title: <u>manager/owner/President</u></td> </tr> </table> | Signature: <u>John Shay</u> | Date: <u>3-18-11</u> | Name (type or print): <u>John Shay</u> | Title: <u>manager/owner/President</u> |
| Signature: <u>John Shay</u>  | Date: <u>3-18-11</u>  |                             |                      |  |                                       |
| Name (type or print): <u>John Shay</u>   | Title: <u>manager/owner/President</u>   |                             |                      |  |                                       |

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