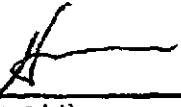


No. W 162934	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2017		2. Registered Agent and Office (NOT A P.O. BOX) JEROD BOSH 3563 N 3000 E TWIN FALLS ID 83301 131 MAIN AVE E. STE 1 TWIN FALLS ID 83301																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BOSH CONSTRUCTION, LLC 3563 N 3000 E TWIN FALLS ID 83301 131 MAIN AVE E. STE 1 TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JEROD W. BOSH</td> <td>131 MAIN AVE E. STE 1</td> <td>TWIN FALLS</td> <td>ID</td> <td>TWIN FALLS</td> <td>83301</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>HOWARD W. BOSH</td> <td>131 MAIN AVE E. STE 1</td> <td>TWIN FALLS</td> <td>ID</td> <td>TWIN FALLS</td> <td>83301</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"/>	JEROD W. BOSH	131 MAIN AVE E. STE 1	TWIN FALLS	ID	TWIN FALLS	83301	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	HOWARD W. BOSH	131 MAIN AVE E. STE 1	TWIN FALLS	ID	TWIN FALLS	83301	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: IDAHO W 162934	6. Signatures:  Name (type or print): HOWARD W BOSH		Date: 6-14-17 Title: MANAGER																																			

Issued 06/13/2017 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM