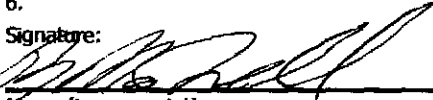


No. W 145986	Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017		2. Registered Agent and Office (NOT A P.O. BOX) BRYON MACDONALD 7443 W SKYLIGHT ST BOISE ID 83709-8370																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ALL AMERICAN CONSTRUCTION & MAINTENANCE, LLC BRYON MACDONALD 3723 N LOCUST GROVE SUITE 150 MERIDIAN ID 83646																																					
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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Bryon MacDonald</td> <td>13049 S. Madera Pl.</td> <td>Kuna</td> <td></td> <td></td> <td>83634</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>David W. Imhoff</td> <td>1405 E. Red Rock Dr.</td> <td>Meridian, ID</td> <td></td> <td></td> <td>83646</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Bryon MacDonald	13049 S. Madera Pl.	Kuna			83634	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	David W. Imhoff	1405 E. Red Rock Dr.	Meridian, ID			83646	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 145986		6. Signature:  Name (type or print): <u>Bryon MacDonald</u> Date: <u>5/22/2017</u> Title: <u>Owner/Manager</u>																																				

Issued 05/16/2017 by online

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 mailings, the