

No. W 136523	Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. AMERICAN FINISH CARPENTRY L.L.C. GEORGE FURLOTT 7-E WASHINGTON AVE HOMEDALE ID 83628 10594 Riverside Rd. Caldwell ID. 83607		GEORGE FURLOTT 7-E WASHINGTON AVE HOMEDALE ID 83628 10594 Riverside Rd. Caldwell ID. 83607																																			
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.																																			
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>George Furlott</td> <td>10594 Riverside Rd.</td> <td>Caldwell</td> <td>ID.</td> <td></td> <td>83607</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> <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"/>	George Furlott	10594 Riverside Rd.	Caldwell	ID.		83607	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	George Furlott	10594 Riverside Rd.	Caldwell	ID.		83607																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 136523	6. Signature: <u>George L. Furlott</u> Date: <u>5/8/18</u> Name (type or print): <u>George L. Furlott</u> Title: <u>owner/mbr</u>																																					
Issued 05/08/2018 by JL1																																						