

No. W 5328	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address: Please Correct if Not Correct ROOF COMPANY, L.L.C. (THE) SHANE DRESEN 4201 HARBOR VIEW DR POST FALLS ID 83854		SHANE DRESEN 4201 HARBOR VIEW DR POST FALLS ID 83854 3. Organized Under the Laws of: ID W 5328													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Shane Dresen</td> <td>4201 Harbor View Dr</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Shane Dresen	4201 Harbor View Dr	Post Falls	ID	83854
Office held	Name	Street or P.O. Address	City	State	Zip											
Manager	Shane Dresen	4201 Harbor View Dr	Post Falls	ID	83854											
5. Signature of New Registered Agent		6. <table border="1"> <tr> <td>Signature</td> <td><i>Shane Dresen</i></td> <td>Date</td> <td>7/15/99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Shane Dresen</td> <td>Title</td> <td>Manager</td> </tr> </table>			Signature	<i>Shane Dresen</i>	Date	7/15/99	Name (Typed or Printed)	Shane Dresen	Title	Manager				
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ISSUED: 07-03-1999

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