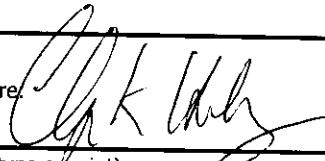


No. W 117870		Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) CLAY K HINKLEY 1336 KESLER DR KUNA ID 83634	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SAWTOOTH SIDING & PAINTING L.L.C. CLAY K HINKLEY 1336 KESLER DR KUNA ID 83634		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Clay K Hinkley 1336 W. Kesler Dr. Kuna ID U.S.A. 83634			
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 117870		6. Signature:  Name (type or print): <u>Clay K Hinkley</u>			
		Date: <u>02/13/15</u> Title: <u>Owner</u>			
Issued 02/12/2015 by DK1					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM