

No. W 130301	Due no later than Oct 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DONAVON MAUPIN 1195 CEMETERY RD PRIEST RIVER ID 83856																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SALTY TILE AND STONE LLC DONAVON MAUPIN 1195 CEMETERY RD PRIEST RIVER ID 83856		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Donavon Maupin</td> <td>1195 Cemetery Rd</td> <td>Priest River</td> <td>ID</td> <td>USA</td> <td>83856</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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Donavon Maupin	1195 Cemetery Rd	Priest River	ID	USA	83856	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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: <div style="text-align: center;"> IDAHO W 130301 </div>	6. <table style="width: 100%;"> <tr> <td style="width: 70%;">Signature: <i>Donavon Maupin</i></td> <td style="width: 30%;">Date: 10/25/2016</td> </tr> <tr> <td>Name (type or print): Donavon Maupin</td> <td>Title: owner</td> </tr> </table>			Signature: <i>Donavon Maupin</i>	Date: 10/25/2016	Name (type or print): Donavon Maupin	Title: owner																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM