




No. <b>W 116166</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/03/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CORNEL SEICEAN 2715 S BANNER COURT NAMPA ID 83686																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> PARADISE FLOOR COVERINGS, L.L.C. CORNEL SEICEAN 2715 S BANNER COURT NAMPA ID 83686		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">Carnel Seicean 2715 S. Banner Ct Nampa ID 83686</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Carnel Seicean 2715 S. Banner Ct Nampa ID 83686						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; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 116166</b> </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           Signature:  </td> <td style="width: 50%;">           Date: <u>3-14-17</u> </td> </tr> <tr> <td>           Name (type or print): <u>Cornel Seicean</u> </td> <td>           Title: <u>Owner</u> <i>Manager</i> </td> </tr> </table>		Signature: 	Date: <u>3-14-17</u>	Name (type or print): <u>Cornel Seicean</u>	Title: <u>Owner</u> <i>Manager</i>																															
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## 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