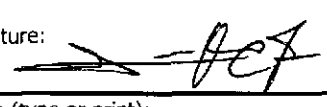


**FILED**

No. <b>W 164020</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017</b>  <b>1. Mailing Address: Correct in this box if needed.</b> NET CONSTRUCT CDA, LLC PO BOX 674 COEUR D'ALENE ID 83816	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> LUIS OROPEZA <del>6508 HARRIS HAWK LANE</del> COEUR D'ALENE ID 83816  6631 N. HAWK OWL LN COEUR D'ALENE ID 83815  <b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>LUIS OROPEZA</td> <td>6631 N. HAWK OWL LN</td> <td>COEUR D'ALENE</td> <td>ID</td> <td></td> <td>83815</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ANNA OROPEZA</td> <td>6631 N. HAWK OWL LN</td> <td>COEUR D'ALENE</td> <td>ID</td> <td></td> <td>83815</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"/>	LUIS OROPEZA	6631 N. HAWK OWL LN	COEUR D'ALENE	ID		83815	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ANNA OROPEZA	6631 N. HAWK OWL LN	COEUR D'ALENE	ID		83815	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 164020</b>	<b>6.</b> Signature:  Date: <u>10/31/17</u> Name (type or print): <u>LUIS OROPEZA</u> Title: <u>PRESIDENT</u>																																				