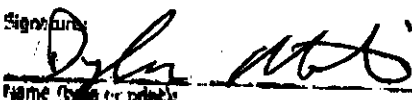


No. W 96892		Restatement Annual Report Form ADMIN: DISSOLVED 01/13/2012		2. Registered Agent and Office (NOT A P.C. BOX) DYLAN MARTIN 308 NORTH FLORENCE AVENUE SANDPOINT ID 83864																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0083		1. Mailing Address: Current in this box if needed. MARTIN REMODELING, LLC DYLAN MARTIN PO BOX 11 NORDMAN ID 83848		3. New Registered Agent Signature:																																				
RESTATMENT FEE DUE: \$30.00																																								
4. Limited Liability Companies. Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<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 ☒ Member ☐</td> <td>Dylan Martin</td> <td>P.O. Box 11</td> <td>Nordman</td> <td>ID</td> <td></td> <td>83848</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Dylan Martin	P.O. Box 11	Nordman	ID		83848	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 96892		6. Signature:  Name (Type or print): _____ Date: <u>8-27-13</u> Title: _____																																						
Issued 08/28/2013 by CJH																																								