



FILED EFFECTIVE

No. W 96599	Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011		2. Registered Agent and Office (NOT A P.O. BOX)																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. RASMUSSEN REPAIR & REMODEL, LLC 701 S ALLEN ST #101 2479 Dumont Dr. MERIDIAN ID 83642 Coeur d'Alene, ID 83815		JACE A RICHARDS ESQ 701 S ALLEN ST #101 MERIDIAN ID 83642 Christian A. Rasmussen 2479 Dumont Dr. Coeur d'Alene, ID 83815 3. New Registered Agent Signature: 																												
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Christian A. Rasmussen</td> <td>2479 Dumont Dr.</td> <td>Kootenai</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 type="checkbox"/>	Christian A. Rasmussen	2479 Dumont Dr.	Kootenai				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: IDAHO W 96599		6. Signature:  Date: 6/25/14 Name (type or print): Christian A. Rasmussen Title: Manager																													