

REINSTATEMENT

No. C 100154 Return to: SECRETARY OF STATE 700 WEST JEFFERSON P.O. BOX 83720 BOISE, ID 83720-0980 FORWARDED 12/2/96 FEE DUE \$30.00	Annual Report Form 1. Mailing Address - Please Correct, If Not Correct NORTHWEST CUSTOM SHUTTERS, INC SCOTT KAMMER 4228 DEARBORN CALDWELL ID 83605	2. Registered Agent and Office NOT A P.O. BOX SCOTT KAMMER 4228 DEARBORN CALDWELL ID 83605 3. Organized Under the Laws of: C 100154																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office Held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Scott A. Kammer</td> <td>915 12th Ave So.</td> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>Secy-Treas.</td> <td>Teri L. Kammer</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Office Held	Name	Street or P.O. Address	City	State	Zip	President	Scott A. Kammer	915 12th Ave So.	Nampa	ID	83651	Secy-Treas.	Teri L. Kammer				
Office Held	Name	Street or P.O. Address	City	State	Zip															
President	Scott A. Kammer	915 12th Ave So.	Nampa	ID	83651															
Secy-Treas.	Teri L. Kammer																			
5. Signature of New Registered Agent	6. <div style="text-align: center;"> </div> <div style="display: flex; justify-content: space-between;"> <div> X Signature <small>(Typed or Printed)</small> Scott A. Kammer </div> <div> Date 2-17-99 Title Treas </div> </div>																			

519-90-9453

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- 1.) Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.
 NOTE: The name of the business entity cannot be altered on the annual report form.
- 2.) If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
- 3.) Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.
 Limited Liability Company: Enter the names and addresses of the managers or members in block 4.
 NOTE: Putting "same as last year" WILL NOT be accepted.
- 4.) Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- 5.) Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.
 Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.
- 6.) If new registered Agent, please sign block 5.

IDAHO SECRETARY OF STATE

02/22/1999 09:00
 CK: 159059058 CT: 111366 BH: 189032

1 @ 30.00 = 30.00 CORP REINS # 2