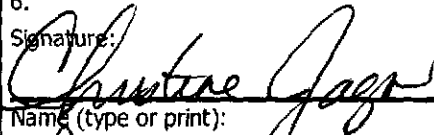


No. W 45553	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016		2. Registered Agent and Office (NOT A P.O. BOX) CHRISTINE JAGOW 1645 DELAWARE ST KAMIAH ID 83536
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. JAGOW CONSTRUCTION, LLC CHRISTINE M JAGOW 1645 DELAWARE ST KAMIAH ID 83536 USA		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name Christine Jagow	Street or PO Address 1645 Delaware	City State Country Postal Code Kamiah ID USA 83536
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; margin-top: 10px;"> IDAHO W 45553 </div>		6. Signature:  Name (type or print): <u>Christine Jagow</u> Date: <u>4-15-16</u> Title: <u>member</u>	

Issued 04/15/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM