No. W 47645	Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012	2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL SOLOMON ~~[illegible]~~ 23340 N. Hwy 9 ~~[illegible]~~ Athol, Idaho ~~[illegible]~~ 83801
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. CUSTOM BARNS, LLC MICHAEL SOLOMON ~~[illegible]~~ P.O. Box 591 ~~[illegible]~~ Hayden, Id. ~~[illegible]~~ 83835	3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☐ Member ☐	Michael Solomon	P.O. Box 591	Hayden, Id.	83835	US	
Manager ☐ Member ☐	Catherine Solomon	"	"			
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature: Michael A. Sol Catherine A. Solomon Name (type or print):	Date: 6/28/2013 Title: owners
IDAHO W 47645		

Issued 10/09/2012 by SLO

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM