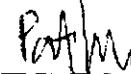


No. W 102250		Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) PAT COPPI 3523 RED OAK DR BOISE ID 83703																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FIRE-WATER-MOLD DAMAGE CONSULTING LLC PAT COPPI 3523 RED OAK DR BOISE ID 83703 USA		3. New Registered Agent Signature. 																																				
REINSTATEMENT 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>PAT COPPI</td> <td>3523 Red Oak Dr.</td> <td>Boise</td> <td>Id</td> <td>USA</td> <td>83703</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> <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"/>	PAT COPPI	3523 Red Oak Dr.	Boise	Id	USA	83703	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 102250		6. Signature:  <hr/> Name (type or print): <u>PATRICK COPPI CR</u> <hr/> Date: <u>8/31/2015</u> Owner Title: <u>Owner</u>																																						

Issued 08/31/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM