

| No. W 120768 | Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017 | | 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. TIMBERSTEEL CUSTOM BUILDINGS, LLC PAUL STIERLE 3821 PROFESSIONAL WAY #15 IDAHO FALLS ID 83402 | PAUL STIERLE 1550 JONES ST STE H IDAHO FALLS ID 83401 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. <u>New</u> 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Paul Stierle</td> <td>4310 mason</td> <td>Ammon</td> <td>ID</td> <td>US</td> <td>83406</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>31 Ammon ID</td> <td></td> <td></td> <td></td> <td>83406</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 type="checkbox"/> Member <input checked="" type="checkbox"/> | Paul Stierle | 4310 mason | Ammon | ID | US | 83406 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | 31 Ammon ID | | | | 83406 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Paul Stierle | 4310 mason | Ammon | ID | US | 83406 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | 31 Ammon ID | | | | 83406 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 120768 | | 6. Signature: <u>Paul Stierle</u> Date: <u>6-17-16</u> Name (type or print): <u>Paul Stierle</u> Title: <u>Member</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |