No. W 36248	Reinstatement Annual Report Form ADMIN DISSOLVED 04/08/2009	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	1. **Mailing Address: Correct in this box if needed.** EXPERIENCED FURNITURE, LLC WESLEY P BOWMAN ~~786 COLLEGE DR~~ ~~TWIN FALLS ID 83301~~ 3225 EAST 3625 NORTH Kimberly ID, 83341	WESLEY P BOWMAN ~~786 COLLEGE DR~~ ~~TWIN FALLS ID 83301~~ 3225 EAST 3625 North Kimberly ID. 83341
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature. Wes Bowman

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 ☑	WES P. BOWMAN	3225 EAST 3625 NORTH	Kimberly,	ID		83341
Manager ☑ Member ☐	ELAINE B. BOWMAN	3225 EAST 3625 NORTH	Kimberly,	ID		83341
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 36248	Signature: Wes P. Bowman — Date: 11-28-2014 Name (type or print): WES P. BOWMAN — Title: OWNER

Issued 11/19/2014 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM