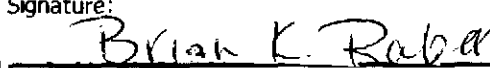
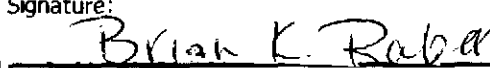
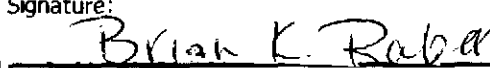


No. W 76434	Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) BRIAN K RABER 1400 SW RABER DR MOUNTAIN HOME ID 83647																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HIGH DESERT HOME IMPROVEMENT LLC BRIAN K RABER PO BOX 722 MOUNTAIN HOME ID 83647 USA		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brian Raber</td> <td>PO Box 722</td> <td>Mtn Home</td> <td>ID</td> <td>USA</td> <td>83647</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jessica Raber</td> <td>PO Box 722</td> <td>Mtn Home</td> <td>ID</td> <td>USA</td> <td>83647</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"/>	Brian Raber	PO Box 722	Mtn Home	ID	USA	83647	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jessica Raber	PO Box 722	Mtn Home	ID	USA	83647	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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 76434 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 5/12/15 </td> </tr> <tr> <td> Name (type or print): Brian K. Raber </td> <td> Title: 5/12/15 </td> </tr> </table>		Signature: 	Date: 5/12/15	Name (type or print): Brian K. Raber	Title: 5/12/15																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM