

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		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. New Registered Agent Signature.																																				
REINSTATEMENT FEE DU^E: \$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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="5">Brian Raber PO Box 722 14th Home Id USA</td> <td>83647</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="5">Jessica Raber PO Box 722 14th Home Id USA</td> <td>83647</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></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 14th Home Id USA					83647	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jessica Raber PO Box 722 14th 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: IDAHO W 76434		6. Signature: <u>Brian K. Raber</u> Name (type or print): <u>Brian K. Raber</u> Date: <u>5/12/15</u> Title: <u>5/12/15</u>																																						

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM