

FILED EFFECTIVE

No. W 68044	Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2009		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. COEUR D' ALENE DRYWALL LLC 1307 S PONDEROSA DR COEUR D ALENE ID 83814		DAVID SAYERS 1307 S PONDEROSA DR COEUR D'ALENE ID 83814
			3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Address City State Country Postal Code <i>President Manager</i> DAVID SAYERS 1307 Ponderosa DR. COA ID 83814			
5. Organized Under the Laws of: IDAHO W 68044		6. Signature: <i>David Sayers</i> Date: 3-9-10 Name (type or print): DAVID SAYERS Title: <i>Pres Manager</i>	
Issued 03/09/2010 by CLH			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.