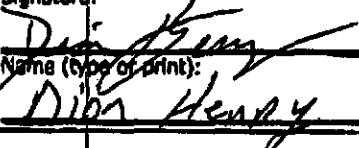


10/17/2012 14:01 FAX

001/002

No. W 52712		Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2010		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. TABLE ROCK TILE AND STONE LLC. DION HENRY 2662-MARY DR P.O. Box 4793 IDAHO FALLS ID 83402		KC HENRY 978 HIGHLAND ASHTON ID 83420
REINSTATEMENT FEE DUE: \$30.00		P.O. Box 4793 POCATELLO, ID 83205		3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Name: Dion Henry Street or PO Address: P.O. Box 4793 City: Pocatello State: ID Country: Postal Code: 83205 Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Name: Toya Henry Street or PO Address: P.O. Box 4793 City: Pocatello State: ID Country: Postal Code: 83205 Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of: IDAHO W 52712		6. Signature:  Name (Type or Print): Dion Henry		Date: 10-24-12 Owner/Manager Title: Owner/Manager
Issued 10/17/2012 by SLD				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing 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.