No. W 47690	Reinstatement Annual Report Form ADMIN DISSOLVED 05/13/2011 2. Registered Agent and Office (NOT A P.O. BOX) KEVIN D ALSPACH JR	(NOT A P.O. BOX)
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. HIGH MOUNTAIN FRAMING LLC KEVIN D ALSPACH 1260 HANGOCK DRIVE 100 A Beson St. BOISE ID 83706 USA	BOISE ID 83706
reinstatement fee due: \$30.00		3. <u>New</u> Registered Agent Signature.
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		
Manager Member Manager Member		
5. Organized Under the La IDAHO W 47690	Name (type or print): Kevin () Higher	Date: 9/24/11 Title: DWNEY
Issued 09/24/2012 by CLH	7	

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