

8/22/2017

W 152043

No. W 152043	Reinstatement Annual Report Form ADMIN DISSOLVED 08/14/2017		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. ABLE RESTORATION LLC TIFFANY CASEQUIN 3154 E LESLIE DR MERIDIAN ID 83646		TIFFANY CASEQUIN 3154 E LESLIE DR MERIDIAN ID 83646 3. <u>New</u> Registered Agent Signature.																																			
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 ☐ Member ☒</td> <td>Tiffany Casequin</td> <td>3154 E. Leslie Dr.</td> <td>Meridian</td> <td>ID</td> <td></td> <td>83646</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Justin Casequin</td> <td>3154 E. Leslie Dr.</td> <td>Meridian</td> <td>ID</td> <td></td> <td>83646</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	Tiffany Casequin	3154 E. Leslie Dr.	Meridian	ID		83646	Manager ☐ Member ☒	Justin Casequin	3154 E. Leslie Dr.	Meridian	ID		83646	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 152043		6. Signature: <u>Tiffany Casequin</u> Date: <u>22 Aug 2017</u> Name (type or print): <u>TIFFANY CASEQUIN</u> Title: <u>22 Aug 2017</u>																																				

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