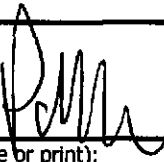
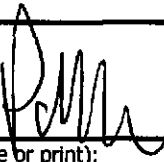
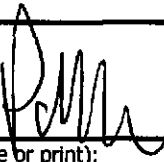


FILED EFFECTIVE

No. W 102250	Reinstatement Annual Report Form ADMIN DISSOLVED 07/11/2012		2. Registered Agent and Office (NOT A P.O. BOX) PAT COPPI 3523 REDOAK DR BOISE ID 83703
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. FIRE-WATER-MOLD DAMAGE CONSULTING LLC 3523 REDOAK DR BOISE ID 83703 <div style="text-align: center; font-size: 1.2em;">Red Oak</div>		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	PAT COPPI	3523 Red Oak	Boise	ID	USA	83703
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 102250</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>8-22-2012</u> </td> </tr> <tr> <td> Name (type or print): <u>Patrick J Coppi</u> </td> <td> Title: <u>Owner</u> </td> </tr> </table>	Signature: 	Date: <u>8-22-2012</u>	Name (type or print): <u>Patrick J Coppi</u>	Title: <u>Owner</u>
Signature: 	Date: <u>8-22-2012</u>				
Name (type or print): <u>Patrick J Coppi</u>	Title: <u>Owner</u>				

Issued 08/20/2012 by JL1