

No. <b>W 59217</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/10/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CODY RAMEY 3717 HAWTHORNE DR BOISE ID 83703
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> RAMEY REMODELING AND ROOFING L.L.C. 3717 HAWTHORNE DR BOISE ID 83703		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 <input checked="" type="checkbox"/> Member <input type="checkbox"/> Cody Ramey      3717 Hawthorne Dr.      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: large;">             IDAHO              W 59217           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           Signature: <u>Cody Ramey</u>            Name (type or print): <u>Cody Ramey</u> </div> <div>           Date: <u>10/02/14</u>            Title: <u>Manager</u> </div> </div>	

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM