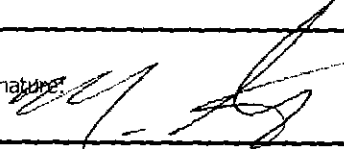


No. W 113187	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL STIPA 14180 HOLLOW RD CALDWELL ID 83607
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. INTERMOUNTAIN RESTORATION SERVICES LLC 14180 HOLLOW RD CALDWELL ID 83607		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"/>	Michael Stipa 14180 Hollow Road Caldwell, ID 83607		
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;"> IDAHO W 113187 </div>		6. Signature:  Date: <u>4/15/2015</u> Name (type or print): _____ Title: _____	
Issued 04/15/2016 by SLD			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM