


No. W 118872	Reinstatement Annual Report Form ADMIN DISSOLVED 02/27/2018		2. Registered Agent and Office (NOT A P.O. BOX) GARY TOWNSEND 6757 BENNETT RD NAMPA ID 83686
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. CUSTOM RENOVATIONS LLC 6757 BENNET RD NAMPA ID 83686 <i>1400 W. Floating Feather</i> → <i>Eagle Id. 83616</i>		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"/> Gary Townsend 1400 W Floating Feather Eagle Id. ALA 83616			
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-weight: bold; font-size: large;"> IDAHO W 118872 </div>		6. Signature:  Date: <u>8-16-18</u> Name (type or print): _____ Title: _____	
Issued 08/16/2018 by SLD			