

No. W 59054	Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) LAURENCE A CHMURA 2990 NETTLETON GULCH COEUR D'ALENE ID 83815
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. 356, LLC LAURENCE A CHMURA 2990 NETTLETON GULCH COEUR D ALENE ID 83815		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 type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Laurence A Chmura 2990 E Nettleton Gulch Rd</i> <div style="text-align: right; margin-right: 50px;"><i>Coeur d'Alene, ID 83815</i></div>			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Kathleen M Chmura 2990 E Nettleton Gulch Road</i> <div style="text-align: right; margin-right: 50px;"><i>Coeur d'Alene, ID 83815</i></div>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:			
IDAHO W 59054		6. Signature: <i>Kathleen M Chmura</i> Date: <i>6/27/12</i> <hr/> Name (type or print): <i>Kathleen M. Chmura</i> Title: <i>Member</i>	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM