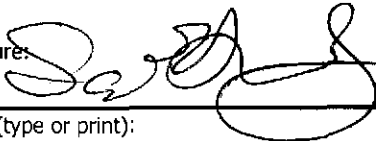


No. W 89437	Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015	2. Registered Agent and Office (NOT A P.O. BOX) SASCHA RODGERS 19438 BLUEBELL COURT NAMPA ID 83687																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ABSOLUTE RESTORATIONS AND REMODELING LLC SASCHA RODGERS 19438 BLUEBELL CT NAMPA ID 83687	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.																																					
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sascha Rodgers</td> <td>19438 Bluebell Ct</td> <td>Nampa</td> <td>ID</td> <td>USA</td> <td>83687</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sascha Rodgers	19438 Bluebell Ct	Nampa	ID	USA	83687	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 89437 </div>	6. Signature:  <hr/> Name (type or print): Sascha Rodgers																																				
	Date: <u>4-6-15</u> <hr/> Title: <u>mbw</u> owner																																				
Issued 04/06/2015 by online																																					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**