


No. <b>W 80052</b>	Reinstatement Annual Report Form <b>ADMIN DISSOLVED 03/12/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>
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. GOOD WOOD FLOORING, LLC 8330 N AINSWORTH DR HAYDEN ID 83835  <b>1523 W. Benjamin Ave Coeur d'Alene, ID 83815</b>		CHRISTINA GILMORE 8330 N AINSWORTH DR HAYDEN ID 83835
<b>REINSTATEMENT FEE DUE: \$30.00</b>			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"/>	<b>Christina</b>	<b>1523 W. Benjamin Ave c/A</b>	<b>ID 83815</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<b>Jeff Gilmore</b>	<b>same</b>	
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:		6.	
<b>IDAHO W 80052</b>		Signature: 	Date: <b>9/19/12</b>
		Name (type or print): <b>Christina Gilmore</b>	Title: <b>Owner</b>
Issued 09/07/2012 by CLH			

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM