

<p><b>No. W 36628</b></p>	<p><b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014</b></p>		<p>2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SEAN CHARLES HADLEY 25 BUMBLEBEE RD BOISE ID 83716</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p>	<p>1. <b>Mailing Address: Correct in this box if needed.</b> AMITY ROOFING LLC SEAN CHARLES HADLEY 25 BUMBLEBEE RD BOISE ID 83716</p>		<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p><b>REINSTATEMENT FEE DUE: \$30.00</b></p>																																						
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:30%;">Name</th> <th style="width:30%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Angela Hadley</td> <td>25 Bumblebee Rd</td> <td>Boise,</td> <td>ID</td> <td></td> <td>83716</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Angela Hadley	25 Bumblebee Rd	Boise,	ID		83716	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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<p>5. Organized Under the Laws of:  <b>IDAHO W 36628</b></p>	<p>6. Signature: <u>Angela Hadley</u> Date: <u>6-3-14</u>                  Name (type or print): <u>Angela Hadley</u> Title: <u>manager</u></p>																																					
<p>Issued 06/03/2014 by online</p>																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**