


No. W 47899	Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012		2. Registered Agent and Office (NOT A P.O. BOX) DAVID MAHON MAHAN 3612 14TH ST LEWISTON ID 83501
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. QUALITY INSTALLATION OF IDAHO AND WASHINGTON, L.L.C. DAVID MAHAN 3612 14TH ST LEWISTON ID 83501-5708		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"/>	David Mahan	3612 14th St	Lewiston	ID	USA	83501
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;"> IDAHO W 47899 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>David Mahan</u> </div> <div style="width: 35%;"> Date: <u>9/13/13</u> Title: <u>Owner</u> </div> </div>
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Issued 09/09/2013 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM