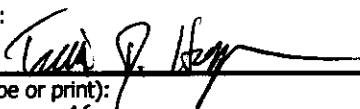


No. <b>W 41283</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> TRAVIS HOGAN <del>695 E HANLEY AVE</del> <del>DALTON GARDENS ID 83815</del> 31956 N. 9 <sup>th</sup> Ave Spirit Lake ID 83869																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: <b>Correct in this box if needed.</b> RIDGE LINE ROOFING OF COEUR D'ALENE, LLC TRAVIS HOGAN <del>695 E HANLEY AVE</del> <del>DALTON GARDENS ID 83815</del> P.O. Box 637 Spirit Lake ID 83869		3. <b>New</b> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 5%;">City</th> <th style="width: 5%;">State</th> <th style="width: 5%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Travis Hogan</td> <td>P.O. Box 637</td> <td>Spirit Lake</td> <td>IA</td> <td>US</td> <td>83869</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"/>	Travis Hogan	P.O. Box 637	Spirit Lake	IA	US	83869	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;"><b>IDAHO W 41283</b></div>	6. Signature:  Date: <u>12-19-13</u> Name (type or print): <u>Travis Hogan</u> Title: <u>Member</u>																																					

Issued 12/17/2013 by KAH

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM