

No. W 12112	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) SHERRY LOU POWERS 9880 FAIRVIEW AVE BOISE ID 83704														
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. POWERS NU-LINE UPHOLSTERY LLC SHERRY POWERS 9880 FAIRVIEW AVE BOISE ID 83704		3. <u>New</u> Registered Agent Signature.														
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td><i>President/ member</i></td><td><i>Sherry L. Powers</i></td><td><i>9880 Fairview</i></td><td><i>Boise</i></td><td><i>ID</i></td><td><i>ADA</i></td><td><i>83704</i></td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<i>President/ member</i>	<i>Sherry L. Powers</i>	<i>9880 Fairview</i>	<i>Boise</i>	<i>ID</i>	<i>ADA</i>
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5. Organized Under the Laws of: IDAHO W 12112	6. <table border="1"><tr><td>Signature: <i>Sherry L. Powers</i></td><td>Date: <i>9/15/2010</i></td></tr><tr><td>Name (type or print): <i>Sherry L. Powers</i></td><td>Title: <i>Member President</i></td></tr></table>				Signature: <i>Sherry L. Powers</i>	Date: <i>9/15/2010</i>	Name (type or print): <i>Sherry L. Powers</i>	Title: <i>Member President</i>									
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