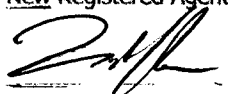


Fax # 334-2080

No. W 72420	Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014		2. Registered Agent and Office (NOT A P.O. BOX) ZACH PUFFE 219 OWYHEE AVE 3919 E Locust Ln. NAMPA ID 83651 83686																																			
Return to: SECRETARY OF STATE 450 N. MAIN STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ROCKY MOUNTAIN ROOFING, LLC ZACH PUFFE 1707 N CASSIA ST 3919 E Locust Ln NAMPA ID 83651 83686		3. New Registered Agent Signature.  (same)																																			
REINSTATEMENT FEE DUE \$30.00	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> <tr> <td> Manager ☒ Member ☒ </td> <td>Lindsey Puffe</td> <td>3919 E Locust Ln</td> <td>NAMPA</td> <td>ID</td> <td>USA</td> <td>83686</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☒	Lindsey Puffe	3919 E Locust Ln	NAMPA	ID	USA	83686	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐									
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5. Organized Under the Laws of: IDAHO W 72420	6. Signature:  Name (type or print): Zach Puffe Date: 11-25-15 Title: owner																																					
Issued 11/25/2015 by online																																						