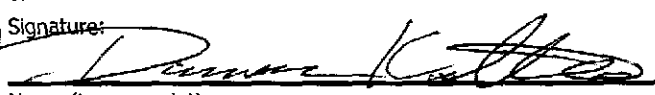
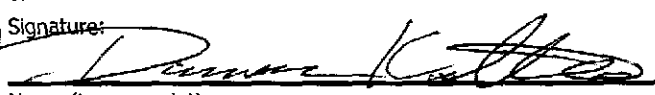
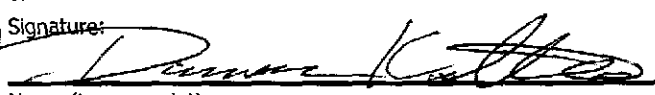


No. <b>W 114118</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/25/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DAMON KISTLER 25775 ROSEMER ST RATHDRUM ID 83858																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>				1. <b>Mailing Address: Correct in this box if needed.</b> SUPERIOR STONE WERKS LLC DAMON KISTLER PO BOX 1344 RATHDRUM ID 83858																																		
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Damon Kistler</td> <td>PO Box 1344</td> <td>Rathdrum</td> <td>ID</td> <td>Kootenai</td> <td>83858</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"/>	Damon Kistler	PO Box 1344	Rathdrum	ID	Kootenai	83858	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:  <b>IDAHO</b> <b>W 114118</b>	6. <table border="1"> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td></td> <td>10-9-15</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td>DAMON KISTLER</td> <td>Manager/Owner</td> </tr> </table>			Signature:	Date:		10-9-15	Name (type or print):	Title:	DAMON KISTLER	Manager/Owner																											
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