



No. W 130306	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) DOMINIQUE RAMIREZ 5301 W BOONE CT BOISE ID 83705																																			
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. PIXEL AND LINE LLC 6134 W CORPORAL LN BOISE ID 83704		3. <u>New</u> Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <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> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Dominique Ramirez</td> <td>5301 W Boone Ct.</td> <td>Boise</td> <td>ID</td> <td>U.S.A</td> <td>83705</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Nicholas Crabbs</td> <td>415 W Jefferson #5</td> <td>Boise</td> <td>ID</td> <td>USA.</td> <td>83702</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"/>	Dominique Ramirez	5301 W Boone Ct.	Boise	ID	U.S.A	83705	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Nicholas Crabbs	415 W Jefferson #5	Boise	ID	USA.	83702	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; font-weight: bold; font-size: 1.2em;"> IDAHO W 130306 </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>Dominique Ramirez</u> </div> <div style="width: 35%; text-align: right;"> Date: <u>1/26/2015</u> Title: <u>Managing Partner</u> </div> </div>																																					
Issued 01/26/2015 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM