

No. W 101716	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) MARTHA MERCUDO 2420 S YELLOWSTONE HWY STE C IDAHO FALLS ID 83402
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TINT SHOP #4 LLC (THE) 1487 VEGA CIR #6 IDAHO FALLS ID 83402		2277 E. Lincoln RD Idaho Falls ID 83401
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Rikkiar Rodriguez	2	Idaho Falls ID 83402
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: IDAHO W 101716	6. Signature: <u>Rikkiar Rodriguez</u> Date: <u>7/26/17</u> Name (type or print): <u>Rikkiar Rodriguez</u> Title: _____		

Issued 07/25/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the