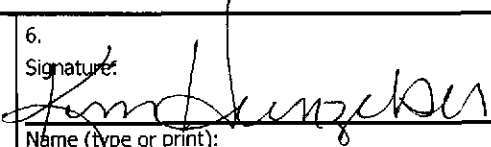


No. <b>W 51299</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015</b>  <b>1. Mailing Address: Correct in this box if needed.</b> DETAIL DELUXE LLC TODD HUNZEKER <del>PO BOX 891</del> <b>109 E 2nd S</b> SODA SPRINGS ID 83276		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> TODD HUNZEKER <del>166 W 2ND S</del> <b>109 E 2nd S</b> SODA SPRINGS ID 83276  <b>3. <u>New</u> Registered Agent Signature.</b>																																		
<b>4. 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Todd Hunzeker</td> <td>109 E 2nd St</td> <td>Soda Springs</td> <td>ID</td> <td></td> <td>83276</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kim Hunzeker</td> <td>109 E 2nd St</td> <td>Soda Springs</td> <td>ID</td> <td></td> <td>83276</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jason Kladis</td> <td>109 E 2nd St</td> <td>Soda Springs</td> <td>ID</td> <td></td> <td>83276</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"/>	Todd Hunzeker	109 E 2nd St	Soda Springs	ID		83276	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kim Hunzeker	109 E 2nd St	Soda Springs	ID		83276	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jason Kladis	109 E 2nd St	Soda Springs	ID		83276	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 51299</b>	<b>6.</b> Signature:  Name (type or print): <u>Kim Hunzeker</u> Date: <u>Sept 29, 2015</u> Title: <u>Owner</u>																																				

Issued 09/29/2015 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**