

<b>No. W 114433</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b>  JENEE STONE 3273 E SELTICE WAY POST FALLS ID 83854																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MASTER LUBE & AUTO, LLC 3273 E SELTICE WAY POST FALLS ID 83854		<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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jenee Stone</td> <td>3273 E Seltice Way,</td> <td>Post Falls,</td> <td>ID.</td> <td>Kootenai,</td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Steven Stone</td> <td>3273 E Seltice Way,</td> <td>Post Falls,</td> <td>Id,</td> <td>Kootenai,</td> <td>83854</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 checked="" type="checkbox"/>	Jenee Stone	3273 E Seltice Way,	Post Falls,	ID.	Kootenai,	83854	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Steven Stone	3273 E Seltice Way,	Post Falls,	Id,	Kootenai,	83854	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  IDAHO W 114433	<b>6.</b> Signature: <u>Jenee Stone</u> Date: <u>12-15-13</u> Name (type or print): <u>Jenee Stone</u> Title: <u>Member</u>																																					

Issued 10/15/2013 by JL1