

No. W 29850	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011		2. Registered Agent and Office (NOT A P.O. BOX) RYAN HOLMAN 524 N 3500 E LEWISVILLE ID 83431																					
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. RD REPAIR LLC RYAN HOLMAN PO BOX 52 LEWISVILLE ID 83431 USA		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 colspan="7"> Manager <u>Member</u> (circle one) </td> </tr> <tr> <td></td> <td>Ryan Holman</td> <td>PO BOX 52</td> <td>Lewisville</td> <td>ID</td> <td></td> <td>83431</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <u>Member</u> (circle one)								Ryan Holman	PO BOX 52	Lewisville	ID		83431
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5. Organized Under the Laws of: IDAHO W 29850		6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 30%;">Signature:</td> <td style="width: 40%; text-align: center;">  </td> <td style="width: 30%;">Date:</td> <td style="width: 10%; text-align: center;">2/16/12</td> </tr> <tr> <td>Name (type or print):</td> <td style="text-align: center;">RYAN HOLMAN</td> <td>Title:</td> <td style="text-align: center;"> <u>Member</u> AGENT </td> </tr> </table>		Signature:		Date:	2/16/12	Name (type or print):	RYAN HOLMAN	Title:	<u>Member</u> AGENT													
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Issued 02/16/2012 by JL1																								