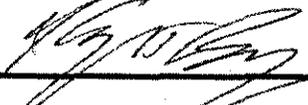


No. W 70763	Reinstatement Annual Report Form ADMIN DISSOLVED 04/11/2011		2. Registered Agent and Office (NOT A P.O. BOX) KYLE BAYSINGER 1120 BROADFORD RD STE A-1 HAILEY ID 83333															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MAESTRO TECHNOLOGY SOLUTIONS, LLC KYLE BAYSINGER PO BOX 1388 HAILEY ID 83333 USA		3. <u>New</u> Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																		
<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="radio"/> Member <input checked="" type="radio"/></td> <td>KYLE BAYSINGER</td> <td>PO BOX 1388</td> <td>HAILEY</td> <td>ID</td> <td>USA</td> <td>83333</td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="radio"/> Member <input checked="" type="radio"/>	KYLE BAYSINGER	PO BOX 1388	HAILEY	ID	USA	83333
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code												
Manager <input type="radio"/> Member <input checked="" type="radio"/>	KYLE BAYSINGER	PO BOX 1388	HAILEY	ID	USA	83333												
5. Organized Under the Laws of: IDAHO W 70763	6. Signature:  Date: 4.22.11 <hr/> Name (type or print): KYLE BAYSINGER Title: OWNER																	
Issued 04/22/2011 by LJC																		