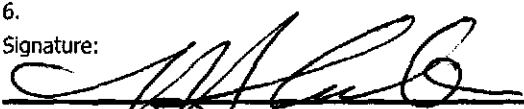


No. <b>W 109495</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/10/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MIKE PLEIN 1140 BELL LN KIMBERLY ID 83341
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> TOXIC INDUSTRIES, LLC MIKE PLEIN 1140 BELL LN KIMBERLY ID 83341		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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	MIKE PLEIN	1140 BELL LANE	Kimberly ID USA 83341
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:		6.	
IDAHO W 109495		Signature:  Name (type or print): MIKE PLEIN	Date: 9/27/14 Title: MANAGER
Issued 08/11/2014 by JL1			

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**