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|---------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| No. W 109644                                                                                                                          |                      | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 03/07/2013                                                                                                                            |                | 2. Registered Agent and Office<br>(NOT A P.O. BOX)<br>ROBERT NAEREBOWT<br>1182 EASTLAND DR N STE A<br>TWIN FALLS ID 83301<br>Rick Naerebowt<br>195 River Vista Place<br>Suite 208<br>Twin Falls, ID 83301 |                     |
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>REINSTATEMENT FEE<br>DUE: \$30.00 |                      | 1. Mailing Address: Correct in this box if needed.<br>ZXRIN HOLDINGS LLC<br>1182 EASTLAND DR N STE A<br>TWIN FALLS ID 83301<br>195 River Vista Place<br>Suite 308<br>Twin Falls, ID 83301 |                | 3. New Registered Agent Signature:<br>                                                                                 |                     |
| 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 type="checkbox"/> Member <input checked="" type="checkbox"/>                                                           | Robert J. Naerebowt  | 952 Trotter Dr.                                                                                                                                                                           | Twin Falls, ID | USA                                                                                                                                                                                                       | 83301               |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                                                           | Richard J. Naerebowt | 3964 N 3610 E,                                                                                                                                                                            | Kimberly, ID   | USA                                                                                                                                                                                                       | 83341               |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                      |                      |                                                                                                                                                                                           |                |                                                                                                                                                                                                           |                     |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                      |                      |                                                                                                                                                                                           |                |                                                                                                                                                                                                           |                     |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 109644                                                                              |                      | 6. Signature: <br>Name (type or print):<br>Richard J. Naerebowt<br>Date: 9/10/13<br>Title: Member        |                |                                                                                                                                                                                                           |                     |

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM