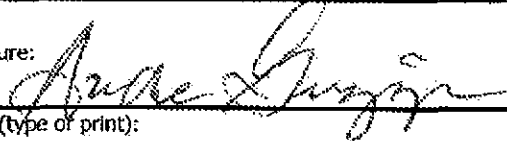


No. W 106463	Reinstatement Annual Report Form ADMIN DISSOLVED 12/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) DANETT ARNOLD 8700 S CAN ADA RD MELBA ID 83641																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TAX EXPRESS, LLC DANETT ARNOLD 8700 S CAN ADA RD 2529 E Ohio Ave MELBA ID 83641 <i>Nampa ID 83686</i>		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="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DANI ARNOLD</td> <td>2529 E Ohio Ave</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83686</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Austin Hain</td> <td>2529 E Ohio Ave</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83686</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>ANDRE GONZALEZ</td> <td>2529 E Ohio Ave</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83686</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	DANI ARNOLD	2529 E Ohio Ave	Nampa	ID		83686	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Austin Hain	2529 E Ohio Ave	Nampa	ID		83686	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	ANDRE GONZALEZ	2529 E Ohio Ave	Nampa	ID		83686	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 106463	6. Signature:  Name (type of print): _____ Date: <u>3/13/2014</u> Title: _____																																					

Issued 03/13/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM