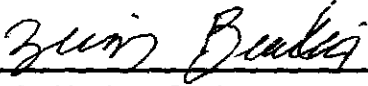
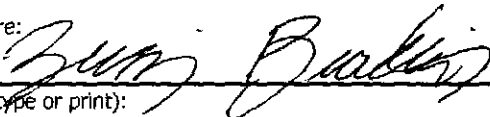


No. W 137772	Reinstatement Annual Report Form ADMIN DISSOLVED 08/14/2017		2. Registered Agent and Office (NOT A P.O. BOX) ANTHONY STEVENS Zerin Beattie 1585 N PLAZA RD 3619 Beacon Ave EMMETT ID 83617 Emmett, ID 83617
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. XPAND LLC ZERIN BEATTIE 3619 BEACON AVE EMMETT ID 83617		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 type="checkbox"/> Zerin Beattie 3619 Beacon Ave Emmett ID USA 83617			
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: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 137772 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): <u>Zerin Beattie</u> </div> <div> Date: <u>9/13/17</u> Title: <u>Owner</u> </div> </div>	

Issued 09/13/2017 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office