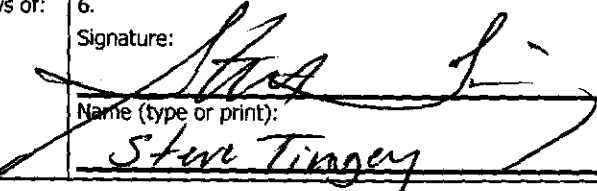


No. W 16348	Reinstatement Annual Report Form ADMIN DISSOLVED 11/07/2005		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ACTION GLASS AND WINDSHIELD REPAIR, LLC STEVE TINGEY PO BOX 729 KUNA ID 83634		STEVE TINGEY 4125 S EAGLESON RD BOISE ID 83705 825 W King Rd Kuna ID 83634																																			
REINSTATEMENT FEE DUE: \$30.00	825 W King Rd - Kuna ID 83634		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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Steve Tingey</td> <td>825 W King Rd</td> <td>Kuna</td> <td>ID</td> <td>USA</td> <td>83634</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> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Steve Tingey	825 W King Rd	Kuna	ID	USA	83634	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 16348	6. Signature:  Name (type or print): Steve Tingey		Date: 10-26-2012 Title: Manager																																			
Issued 10/26/2012 by LJC																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM