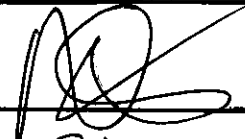


No. W 65489 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010 1. Mailing Address: Correct in this box if needed. SHARMA TECHNOLOGY CAPITAL, LLC AMIT SHARMA 3210 E CHINDEN BLVD STE 115 PO BOX 524 3029 S White EAGLE ID 83616 Castle Ave		2. Registered Agent and Office (NOT A P.O. BOX) AMIT SHARMA MD 3210 E CHINDEN BLVD STE 115 PO BOX 524 1633 S Waterleaf Ave EAGLE ID 83616 3. New 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 ☒ Member ☐</td> <td>Amit Sharma</td> <td>1633 S Waterleaf Ave</td> <td></td> <td></td> <td></td> <td>Eagle ID Ada 83616</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Amit Sharma	1633 S Waterleaf Ave				Eagle ID Ada 83616	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 65489	6. Signature:  Name (type or print): <u>Amit Sharma</u> Date: <u>6 SEP 2013</u> Title: <u>Manager</u>																																				

Issued 08/23/2013 by DK1

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