No. W 65489	Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010	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 **REINSTATEMENT FEE DUE: $30.00**	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 Castle Ave EAGLE ID 83616	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.

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 ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 65489	Name (type or print): Amit Sharma	Title: Manager

Issued 08/23/2013 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM