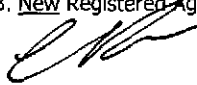



**FILED**

No. <b>W 110373</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/05/2016</b>		2. Registered Agent and Office (NOT A P.O. BOX) Need to Appoint <b>Christopher Rios</b> <b>1509 N. Whitley Dr. Ste 7</b> <b>Fruitland, ID 83619</b>			
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. IMASTER REPAIR, LLC CHRISTOPHER RIOS 1000 S 16TH ST STE B PAYETTE ID 83661		3. New Registered Agent Signature. 			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
<b>Manager or Member</b>		<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		<b>Christopher Rios</b>	<b>934 1st AVE S.</b>	<b>Payette</b>	<b>ID</b>		<b>83661</b>
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:		6.					
<b>IDAHO</b> <b>W 110373</b>		Signature: 		Date: <b>1-17-18</b>			
		Name (type or print): <b>Christopher Rios</b>		Title: <b>member</b>			
Issued 01/17/2018 by online						0	

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**