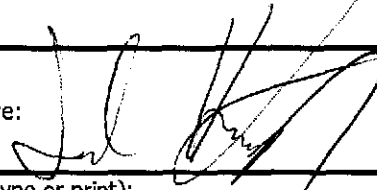


No. W 147030	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) JARED HUCKSTEP 441 BRISCOE RD <i>134 E Linden</i> CHUBBUCK ID 83201 <i>ste C</i>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HUX CUSTOM COATINGS, LLC JARED HUCKSTEP 441 BRISCOE RD <i>134 E Linden</i> CHUBBUCK ID 83202 <i>ste C</i> <i>Chubbuck, ID</i> <i>83202</i>		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"/> <i>Jared Huckstep</i> <i>441 Briscoe Road</i> <i>Chubbuck</i> <i>ID</i> <i>USA</i> <i>83202</i>			
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 147030 </div>		6. Signature:  <hr/> Name (type or print): <i>Jared Huckstep</i> <hr/> <div style="text-align: right;"> Date: <i>5/4/16</i> <hr/> Title: <i>manager</i> <hr/> </div>	
Issued 05/04/2016 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM