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No. W 154592	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016		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. TRANSFORMERS L.L.C. 1213 3RD AVE N NAMPA ID 83687		AMANDA REXIUS 447 1ST ST N 1213 3RD AVE N. NAMPA ID 83687 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>PAUL REXIUS</td> <td>1213 3RD AVEN</td> <td>NAMPA</td> <td>ID</td> <td>83687</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>AMANDA REXIUS</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	PAUL REXIUS	1213 3RD AVEN	NAMPA	ID	83687		Manager <input type="checkbox"/> Member <input type="checkbox"/>	AMANDA REXIUS	"	"	"	"	"	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 154592		6. Signature: <u>Paul Rexius</u> Date: <u>7/7/17</u> Name (type or print): <u>PAUL REXIUS</u> Title: <u>MEMBER</u>																																					