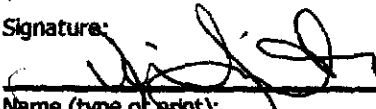


No. <b>W 86987</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/04/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> WILLIAM FRITSCH 1421 BROOKTROUT DR VICTOR ID 83455
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> TRUVISION, LLC JESSICA FRITSCH PO BOX 1092 VICTOR ID 83455 USA		3. <u>New</u> Registered Agent Signature.
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	William Fritsch	1421 Brooktrout Box 1092	Victor ID USA 83455
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jessica Fritsch	1421 Brooktrout Box 1092	Victor ID USA 83455
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-size: 1.2em;"> <b>IDAHO</b>  <b>W 86987</b> </div>		6. Signature:  <hr/> Name (type or print): <u>Jessica Fritsch</u> <div style="float: right; text-align: right;">         Date: <u>10/31/2014</u>          Title: <u>owner</u> </div>	
Issued 10/31/2014 by online			

**INSTRUCTIONS FOR THE TRAUC ANNUAL REPORT FORM**