

No. <b>W 47916</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/08/2008</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) TIFFANY SMITH <del>119-396 RD</del> 11630 Lakeshore Dr. SAGLE ID 83860																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  <del>PERFORMANCE PAINTING, LLC</del> <del>SYDNEY L GUTIERREZ</del> <del>317 CHURCH ST</del> <del>SANDPOINT ID 83864</del> 11630 Lakeshore Dr. Sagle, Idaho 83860		3. <u>New</u> Registered Agent Signature.																						
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																									
<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</td><td>Dustin Baker</td><td>11630 Lakeshore Dr.</td><td>Sagle</td><td>Id.</td><td>USA</td><td>83860</td></tr><tr><td>Member</td><td>Tiffany Smith</td><td>11630 Lakeshore Dr.</td><td>Sagle</td><td>Id.</td><td>USA</td><td>83860</td></tr></tbody></table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager	Dustin Baker	11630 Lakeshore Dr.	Sagle	Id.	USA	83860	Member	Tiffany Smith	11630 Lakeshore Dr.	Sagle	Id.	USA	83860
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5. Organized Under the Laws of:  <b>IDAHO W 47916</b>		6.  Signature: <u>Dustin Baker</u> Name (type or print): <u>Dustin Baker</u> Date: <u>9-26-11</u> Title: <u>manager</u>																							
Issued 09/12/2011 by JL1																									