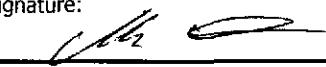


No. W 41351	Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> AMEL MUSTIC 5415 N VERCCELLI WAY MERIDIAN ID 83646
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  AM PAINTING LLC. AMEL MUSTIC 5415 N VERCCELLI WAY MERIDIAN ID 83646		3. New Registered Agent Signature.
<b>REINSTATEMENT FEE 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"/>	AMEL MUSTIC	5415 N. VERCCELLI WAY, MERIDIAN ID	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TARIK MUSTIC	2124 4th STREET, NAMP ID	83646 83687
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  IDAHO W 41351	6. Signature:  Name (type or print): <u>AMEL MUSTIC</u>		
	Date: <u>12-1-16</u> Title: <u>MEMBER</u>		

Issued 12/01/2016 by JL1