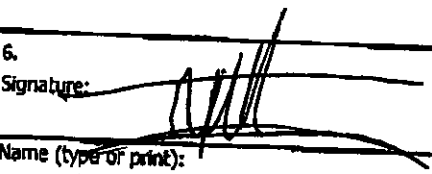


FILED EFFECTIVE

No. W 96167		Reinstatement Annual Report Form ADMIN DISSOLVED 12/17/2013																																				
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. UNITED GRAPHIC DESIGN, LLC. IAN A WILLIAMS 300 STIBNITE ST #1 Avc. MOCALL ID 83638 USA																																				
REINSTATEMENT FEE DUE: \$30.00		2. Registered Agent and Office (NOT A P.O. BOX) ALL DAY \$49 IDAHO REGISTERED A 1900 NORTHWEST BLVD STE 106A COEUR D ALENE ID 83814 USA																																				
		3. New 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 ☒ Member ☐</td><td>IAN WILLIAMS</td><td>300 STIBNITE AVE 1</td><td>MOCALL</td><td>ID</td><td>USA</td><td>83638</td></tr><tr><td>Manager ☒ Member ☐</td><td>SARAH WILLIAMS</td><td>300 STIBNITE AVE 1</td><td>MOCALL</td><td>ID</td><td>USA</td><td>83638</td></tr><tr><td>Manager ☐ Member ☐</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager ☐ Member ☐</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 ☒ Member ☐	IAN WILLIAMS	300 STIBNITE AVE 1	MOCALL	ID	USA	83638	Manager ☒ Member ☐	SARAH WILLIAMS	300 STIBNITE AVE 1	MOCALL	ID	USA	83638	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 96167		6. Signature:  Name (type or print): IAN WILLIAMS Date: 12/20/13 Title: Manager																																				
Issued 12/20/2013 by SLD																																						