

<b>No. W 144759</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 02/24/2017</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b>							
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b> SBA GROUP, LLC 409 E GREENHURST RD NAMPA ID 83686		DAN GIANUZZI 409 E GREENHURST RD NAMPA ID 83686-8368							
<b>REINSTATEMENT FEE DUE: \$30.00</b>			<b>3. <u>New</u> Registered Agent Signature.</b>							
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>										
<table border="0" style="width:100%"> <tr> <td style="width:15%"><b>Manager or Member</b></td> <td style="width:25%"><b>Name</b></td> <td style="width:30%"><b>Street or PO Address</b></td> <td style="width:10%"><b>City</b></td> <td style="width:10%"><b>State</b></td> <td style="width:10%"><b>Country</b></td> <td style="width:10%"><b>Postal Code</b></td> </tr> </table>				<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>
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Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>DAN GIANUZZI</i>			<i>409 E. Greenhurst Rd. Nampa ID 83686</i>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 144759</b>	<b>6. Signature:</b> <i>Dan Gianuzzi</i> <hr/> <b>Name (type or print):</b> <i>DAN GIANUZZI</i>		<b>Date:</b> <i>6/3/17</i> <hr/> <b>Title:</b> <i>Manager</i>							
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