

No. W 56777	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) SHAYLON BLACK 12029 W LEWISBURG CT BOISE ID 83709														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MAVERICK DRIVING SCHOOL LLC SHAYLON BLACK 12029 W LEWISBURG CT BOISE ID 83709		3. New Registered Agent Signature. 														
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</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>Shaylon Black</td><td>12029 Lewisburg ct</td><td>Boise</td><td>ID</td><td>USA</td><td>83709</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Manager	Shaylon Black	12029 Lewisburg ct	Boise	ID	USA
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
Manager	Shaylon Black	12029 Lewisburg ct	Boise	ID	USA	83709											
5. Organized Under the Laws of: IDAHO W 56777	6. <table border="1"><tr><td>Signature: <i>S Black</i></td><td>Date: 3/30/10</td></tr><tr><td>Name (type or print): Shaylon Black</td><td>Title: Manager</td></tr></table>				Signature: <i>S Black</i>	Date: 3/30/10	Name (type or print): Shaylon Black	Title: Manager									
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Issued 03/30/2010 by CLH																	