




No. W 84698	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017		2. Registered Agent and Office (NOT A P.O. BOX) TODD COOPER 12495 CINNABAR MURPHY ID 83650																																			
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. PERFORMANCE PAINT SYSTEMS, LLC 923 9TH ST S NAMPA ID 83651																																					
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>MARLA COOPER</td> <td>923 9th St. S.</td> <td>Nampa</td> <td>ID.</td> <td>USA</td> <td>83651</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Todd Cooper</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MARLA COOPER	923 9th St. S.	Nampa	ID.	USA	83651	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Todd Cooper	" "	" "	" "	" "	" "	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MARLA COOPER	923 9th St. S.	Nampa	ID.	USA	83651																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Todd Cooper	" "	" "	" "	" "	" "																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 84698		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 10-9-17</td> </tr> <tr> <td>Name (type or print): Todd Cooper</td> <td>Title: Pres.</td> </tr> </table>		Signature: 	Date: 10-9-17	Name (type or print): Todd Cooper	Title: Pres.																															
Signature: 	Date: 10-9-17																																					
Name (type or print): Todd Cooper	Title: Pres.																																					

Issued 10/06/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM