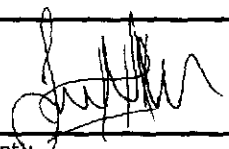


No. W 124310	Reinstatement Annual Report Form ADMIN DISSOLVED 07/23/2018		2. Registered Agent and Office (NOT A P.O. BOX) JUAN E MARIN 4624 FENTON ST BAY F GARDEN CITY ID 83714	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SOFA EXPRESS, LLC JUAN E MARIN 4624 FENTON ST BAY F GARDEN CITY ID 83714		3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager or Member Name Street or PO Address City State Country Postal Code				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JUAN MARIN 2512 POWELL AVE CACOWELL			ID USA 83605
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JUAN E MARIN 1903 GEMINI DR NAMPA			ID USA 83651
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 124310 </div>		6. Signature:  <hr/> Name (type or print): <u>JUAN E MARIN</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>08/09/18</u> <hr/> Title: <u>MEMBER</u> </div> </div>		

Issued 08/09/2018 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM