

| <b>No. W 67837</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 01/06/2009</b>                                                                            |                                                                                                                                                                                                                                        | <b>2. Registered Agent and Office<br/>(NOT A P.O. BOX)</b><br>JARED PENA<br>76 NORTH 4TH EAST<br>REXBURG ID 83440 |                   |         |                      |      |       |         |             |                                                                             |            |              |         |    |     |       |                                                                             |            |              |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
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| <b>Return to:</b><br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1. Mailing Address: Correct in this box if needed.</b><br>PENA'S PRIME AUDIO VIDEO LLC.<br>JARED PENA<br>76 NORTH 4TH EAST<br>REXBURG ID 83440 |                                                                                                                                                                                                                                        |                                                                                                                   |                   |         |                      |      |       |         |             |                                                                             |            |              |         |    |     |       |                                                                             |            |              |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                   |                                                                                                                                                                                                                                        | <b>3. New Registered Agent Signature.</b>                                                                         |                   |         |                      |      |       |         |             |                                                                             |            |              |         |    |     |       |                                                                             |            |              |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>Jared Peña</td><td>76 N. 4th E.</td><td>Rexburg</td><td>ID</td><td>USA</td><td>83440</td></tr><tr><td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>Jared Peña</td><td>76 N. 4th E.</td><td>Rexburg</td><td>ID</td><td>USA</td><td>83440</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"/> | Jared Peña | 76 N. 4th E. | Rexburg | ID | USA | 83440 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Jared Peña | 76 N. 4th E. | Rexburg | ID | USA | 83440 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name                                                                                                                                              | Street or PO Address                                                                                                                                                                                                                   | City                                                                                                              | State             | Country | Postal Code          |      |       |         |             |                                                                             |            |              |         |    |     |       |                                                                             |            |              |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Jared Peña                                                                                                                                        | 76 N. 4th E.                                                                                                                                                                                                                           | Rexburg                                                                                                           | ID                | USA     | 83440                |      |       |         |             |                                                                             |            |              |         |    |     |       |                                                                             |            |              |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Jared Peña                                                                                                                                        | 76 N. 4th E.                                                                                                                                                                                                                           | Rexburg                                                                                                           | ID                | USA     | 83440                |      |       |         |             |                                                                             |            |              |         |    |     |       |                                                                             |            |              |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                        |                                                                                                                   |                   |         |                      |      |       |         |             |                                                                             |            |              |         |    |     |       |                                                                             |            |              |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                        |                                                                                                                   |                   |         |                      |      |       |         |             |                                                                             |            |              |         |    |     |       |                                                                             |            |              |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| <b>5. Organized Under the Laws of:</b><br><br>IDAHO<br>W 67837                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                   | <b>6.</b><br><b>Signature:</b> <br><b>Name (type or print):</b> STEVEN DAWLING - Attorney - Authorized Agent<br><b>Date:</b> 4/18/14<br><b>Title:</b> |                                                                                                                   |                   |         |                      |      |       |         |             |                                                                             |            |              |         |    |     |       |                                                                             |            |              |         |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**