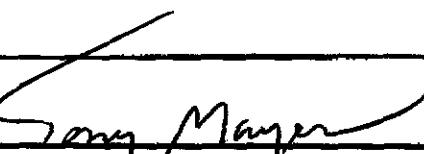


No. W 43812		Reinstatement Annual Report Form ADMIN DISSOLVED 01/04/2008		2. Registered Agent and Office (NOT A P.O. BOX) TONY MAYER 111 FILER AVE TWIN FALLS ID 83301	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PPI, LLC TONY MAYER PO BOX 6111 TWIN FALLS ID 83303-6111		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member <u>Manager</u> (circle one)	Name	Street or PO Address	City	State	Country
TONY MAYER		P.O. BOX 6111	TWIN FALLS, ID	TF	83303
5. Organized Under the Laws of: IDAHO W 43812		6.  Signature: <u>Tony Mayer</u>		Date: 11/30/11 Title: <u>MR. PARTNER</u>	
Name (type or print): <u>TONY MAYER</u>					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address must be inside Block 1.