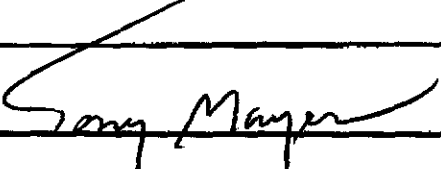
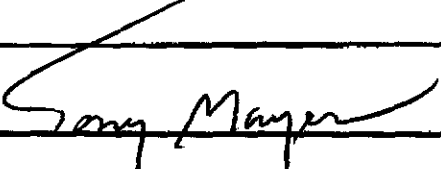
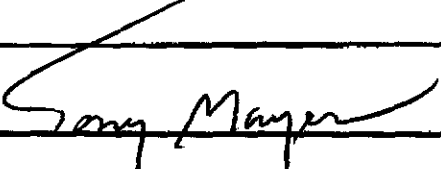


No. W 43812 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 01/04/2008 1. Mailing Address! Correct in this box if needed. PPI, LLC TONY MAYER PO BOX 6111 TWIN FALLS ID 83303-6111	2. Registered Agent and Office (NOT A P.O. BOX) TONY MAYER 111 FILER AVE TWIN FALLS ID 83301 3. New Registered Agent Signature.																					
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><input checked="" type="radio"/> Manager</td> <td><input type="radio"/> Member (circle one)</td> <td colspan="5"></td> </tr> <tr> <td></td> <td>TONY MAYER</td> <td>P.O. BOX 6111</td> <td>TWIN FALLS,</td> <td>ID</td> <td></td> <td>83303</td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<input checked="" type="radio"/> Manager	<input type="radio"/> Member (circle one)							TONY MAYER	P.O. BOX 6111	TWIN FALLS,	ID		83303
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	TONY MAYER	P.O. BOX 6111	TWIN FALLS,	ID		83303																	
5. Organized Under the Laws of: IDAHO W 43812	6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 11/30/11</td> </tr> <tr> <td>Name (type or print): TONY MAYER</td> <td>Title: ^{MR.} PARTNER</td> </tr> </table>		Signature: 	Date: 11/30/11	Name (type or print): TONY MAYER	Title: ^{MR.} PARTNER																	
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Issued 12/02/2011 by SLD																							

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.