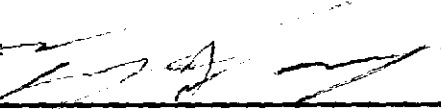
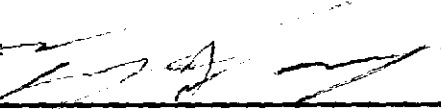
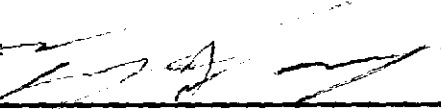


No. W 124158	Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) TAYLOR DUPUIS 510 N TYBORNE PL STAR ID 83669
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. FACTORY DRIVE LLC TAYLOR DUPUIS 510 N TYBORNE PL STAR ID 83669		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Taylor Dupuis	510 N. Tyborne Pl.	Star	ID.	USA	83669
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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;"> IDAHO W 124158 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>8/1/14</u> </td> </tr> <tr> <td> Name (type or print): <u>Taylor Dupuis</u> </td> <td> Title: <u>Owner</u> </td> </tr> </table>	Signature: 	Date: <u>8/1/14</u>	Name (type or print): <u>Taylor Dupuis</u>	Title: <u>Owner</u>
Signature: 	Date: <u>8/1/14</u>				
Name (type or print): <u>Taylor Dupuis</u>	Title: <u>Owner</u>				

Issued 07/24/2014 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the