




No. W 84698	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2016		2. Registered Agent and Office (NOT A P.O. BOX) TODD COOPER 12495 CINNABAR MURPHY ID 83650
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. PERFORMANCE PAINT SYSTEMS, LLC 923 9TH ST S NAMPA ID 83651		3. <u>New</u> 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	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Todd Cooper	923 9th St S	Nampa	ID	US	83651
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Maria Cooper	923 9th St S	Nampa	ID	US	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; margin-top: 20px;"> IDAHO W 84698 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>10/14/2016</u> </td> </tr> <tr> <td> Name (type or print): <u>Todd Cooper</u> </td> <td> Title: <u>10/14/2016</u> </td> </tr> </table>	Signature: 	Date: <u>10/14/2016</u>	Name (type or print): <u>Todd Cooper</u>	Title: <u>10/14/2016</u>
Signature: 	Date: <u>10/14/2016</u>				
Name (type or print): <u>Todd Cooper</u>	Title: <u>10/14/2016</u>				

Issued 10/11/2016 by SLD