

No. W 127740	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014		2. Registered Agent and Office (NOT A P.O. BOX) BENJAMIN CARDOZO 1020 W MAIN ST BOISE ID 83702 <i>6462 Willow U.S. St</i> <i>Boise ID 83704</i>								
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. BRAINWASHED HEADWEAR LLC BENJAMIN CARDOZO 1020 W MAIN ST <i>6462 Willow U.S. St</i> BOISE ID 83702 <i>Boise ID 83704</i>		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"/> <i>Benjamin Cardozo</i> <i>6462 Willow U.S. St</i> <i>Boise ID</i> <i>UT</i> <i>83704</i>											
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Amy Marlett</i> <i>3333 River Ridge</i> <i>Boise ID</i> <i>83705</i>											
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; font-weight: bold; font-size: 1.2em;"> IDAHO W 127740 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Signature:</td> <td style="width: 50%;">Date:</td> </tr> <tr> <td><i>[Signature]</i></td> <td><i>4/14/15</i></td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td><i>Benjamin Cardozo</i></td> <td><i>Owner</i></td> </tr> </table>		Signature:	Date:	<i>[Signature]</i>	<i>4/14/15</i>	Name (type or print):	Title:	<i>Benjamin Cardozo</i>	<i>Owner</i>
Signature:	Date:										
<i>[Signature]</i>	<i>4/14/15</i>										
Name (type or print):	Title:										
<i>Benjamin Cardozo</i>	<i>Owner</i>										