
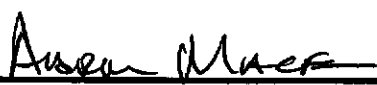
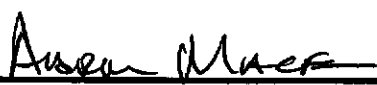
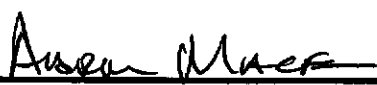


No. W 64046	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) AARON C MACE 2318 W GRASSY BRANCH DR MERIDIAN ID 83646					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MACE ELECTRIC LLC AARON C MACE 2318 W GRASSY BRANCH DR MERIDIAN ID 83646		3. <u>New</u> Registered Agent Signature. 					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.								
Office Held	Name	Street or PO Address	City	State Country Postal Code				
MANAGER OWNER	AARON MACE	2318 W. GRASSY BRANCH DR MERIDIAN	ID	ADA 83646				
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 64046 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Signature: </td> <td style="border: none; text-align: right;">Date: 9/27/10</td> </tr> <tr> <td style="border: none;">Name (type or print): AARON MACE</td> <td style="border: none; text-align: right;">Title: MANAGER</td> </tr> </table>			Signature: 	Date: 9/27/10	Name (type or print): AARON MACE	Title: MANAGER
Signature: 	Date: 9/27/10							
Name (type or print): AARON MACE	Title: MANAGER							
Issued 09/27/2010 by DK1								

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.