







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney REINSTATEMENT ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$30.00

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| Reinstatement Annual Report Form Select one: Standard, Expedited or Same Day Service (see descriptions below) |                   | Standard (filing fee \$30)   |  |
|---|-------------------|--|--|
| Current Entity Name   |                   | MAXXFUND SOLUTIONS LLC   |  |
| The file number of this entity on the records of the Idaho Secretary of State is:                             |                   | ary 0000403054   |  |
| Organized under the laws of:  |                   | IDAHO  |  |
| Entity Type:  |                   | Limited Liability Company (D)  |  |
| Entity Subtype: Limited Liability Company Subtype   |                   | Limited Liability Company  |  |
| Limited Liability Company Name:<br>Limited Liability Company name   |                   | MAXXFUND SOLUTIONS LLC   |  |
| The registered agent on record is: Registered Agent   |                   | REGISTERED AGENTS INC Commercial Registered Agent Physical Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 |  |
| Agent or Address Change?  Appoint new agent (address change)  The mailing address of the corporation is:      | e not available). |  |  |
| 784 S CLEARWATER LOOP<br>STE R<br>POST FALLS, ID 83854-9599   |                   |  |  |
| Limited Liability Company Managers and Members  |                   |  |  |
| Name  | Title             | Address  |  |
| + Carlos Garcia   |                   | 784 S CLEARWATER LOOP<br>STE R<br>POST FALLS, ID 83854-9599  |  |
| + Estela Garcia   |                   | 784 S CLEARWATER LOOP<br>STE R<br>POST FALLS, ID 83854-9599  |  |
| The Application for Reinstatement must be signed by at least one governor.  Job Title:  Manager               |                   |  |  |
| Carlos Garcia   |                   | 08/05/2021   |  |
| Sign Here   |                   | Date   |  |