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| No. W 17976 | Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014 | | 2. Registered Agent and Office (NOT A P.O. BOX) BRIAN WALL 4435 W AGAVE ST EAGLE ID 83616 |
| 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. HANDS ON PAINTING, LLC BRIAN J WALL PO BOX 2059 EAGLE ID 83616 | | 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"/> | BRIAN J WALL 4435 W. Agave St EAGLE, ID 83616 | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | JAMILLE J WALL 4435 W. Agave St EAGLE, ID 83616 | | |
| 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 17976 </div> | | 6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  <hr/> Name (type or print): <u>BRIAN J WALL</u> </div> <div> Date: <u>7-5-14</u> <hr/> Title: <u>OWNER</u> </div> </div> | |
| Issued 06/30/2014 by JL1 | | | |

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 corrected address **must** be inside Block 1.