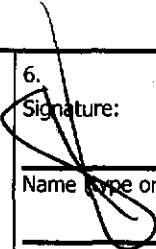
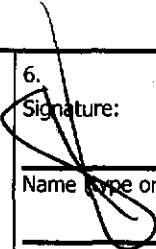
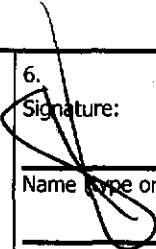


No. W 81307	Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012		2. Registered Agent and Office (NOT A P.O. BOX) ROY FLORES 459 FOOTHILL BLVD 471 Appaloosa POCATELLO ID 83204 83201																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. AIRLESS INDUSTRIAL PAINTING AND SAND BLASTING LLC ROY FLORES 459 FOOTHILL BLVD 471 Appaloosa POCATELLO ID 83204 USA 83201		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Roy Flores</td> <td>471 Appaloosa</td> <td>Pocatello</td> <td>ID</td> <td>USA</td> <td>83201</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Roy Flores	471 Appaloosa	Pocatello	ID	USA	83201	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 81307</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> Signature:  </td> <td style="width: 40%; border-bottom: 1px solid black;"> Date: 5-29-12 </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Name (type or print): Roy Flores. </td> <td style="border-bottom: 1px solid black;"> Title: Owner. </td> </tr> </table>			Signature: 	Date: 5-29-12	Name (type or print): Roy Flores.	Title: Owner.																															
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Issued 05/16/2012 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM