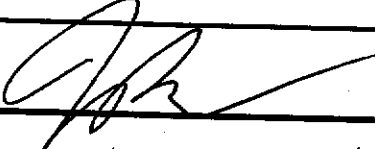
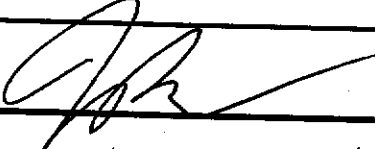
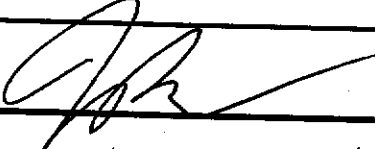


No. W 84491	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) JEFF R WILCOX 3613 CAMBORNE ST BOISE ID 83704														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. 6 CONTROLS, LLC 3613 CAMBORNE ST BOISE ID 83704		3. New Registered Agent Signature.														
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Jeff Wilcox</td> <td>3613 Camborne St</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83704</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member	Jeff Wilcox	3613 Camborne St	Boise	ID	USA
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5. Organized Under the Laws of: IDAHO W 84491	6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 7/27/10</td> </tr> <tr> <td>Name (type or print): Jeff R. Wilcox</td> <td>Title: OWNER</td> </tr> </table>				Signature: 	Date: 7/27/10	Name (type or print): Jeff R. Wilcox	Title: OWNER									
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Issued 09/26/2010 by PEH																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM