

No. W 84698	Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015		2. Registered Agent and Office (NOT A P.O. BOX) TODD COOPER 12495 CINNABAR MURPHY ID 83650
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. PERFORMANCE PAINT SYSTEMS, LLC 923 9TH ST S NAMPA ID 83651		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Mark Cooper	923 9th St S	Nampa	ID		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Todd Cooper	923 9th St S	Nampa	ID		
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 84698 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Maria Cooper Todd Cooper</u> </td> <td style="width: 40%;"> Date: <u>10/3/15</u> </td> </tr> <tr> <td> Name (type or print): <u>MARIA COOPER Todd Cooper</u> </td> <td> Title: <u>Secretary</u> <u>owner</u> </td> </tr> </table>	Signature: <u>Maria Cooper Todd Cooper</u>	Date: <u>10/3/15</u>	Name (type or print): <u>MARIA COOPER Todd Cooper</u>	Title: <u>Secretary</u> <u>owner</u>
Signature: <u>Maria Cooper Todd Cooper</u>	Date: <u>10/3/15</u>				
Name (type or print): <u>MARIA COOPER Todd Cooper</u>	Title: <u>Secretary</u> <u>owner</u>				

Issued 09/25/2015 by TLB