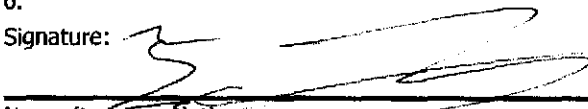


<b>No. W 128168</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/03/2016</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> THOMAS LANSING 743 SANTA PAULA CT BOISE ID 83712																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> CARP SOLUTIONS LLC <del>PHILIP S LANSING</del> <i>Thomas C Lansing</i> 743 SANTA PAULA CT BOISE ID 83712		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Thomas Lansing</i></td> <td><i>743 Santa Paula Ct</i></td> <td><i>Boise</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83712</i></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 type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Thomas Lansing</i>	<i>743 Santa Paula Ct</i>	<i>Boise</i>	<i>ID</i>	<i>USA</i>	<i>83712</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Thomas Lansing</i>	<i>743 Santa Paula Ct</i>	<i>Boise</i>	<i>ID</i>	<i>USA</i>	<i>83712</i>																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 128168</b> </div>		<b>6.</b> Signature:  <hr/> Name (type or print): <i>Thomas Lansing</i> <hr/> <div style="display: flex; justify-content: space-between;"> <div>           Date: <i>Nov 3, 2016</i>  <hr/>           Title: <i>member</i>  <hr/> </div> </div>																																				

Issued 11/03/2016 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM