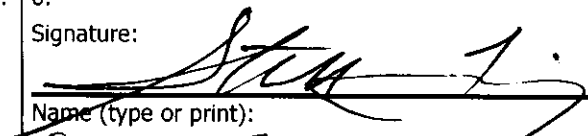
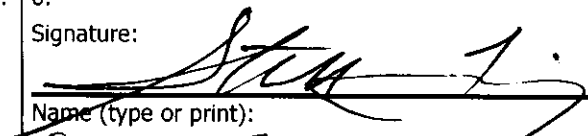
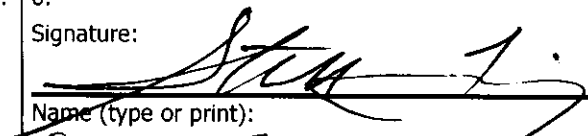


No. W 16348	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014		2. Registered Agent and Office (NOT A P.O. BOX) STEVE TINGEY 825 W KING RD KUNA ID 83634																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ACTION GLASS AND WINDSHIELD REPAIR, LLC STEVE TINGEY 825 W KING RD KUNA ID 83634		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 25%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Steve Tingey</td> <td>825 W King Rd</td> <td>Kuna</td> <td>ID</td> <td>ADA</td> <td>83634</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Britne Tingey</td> <td>825 W King Rd</td> <td>Kuna</td> <td>ID</td> <td>ADA</td> <td>83634</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"/>	Steve Tingey	825 W King Rd	Kuna	ID	ADA	83634	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Britne Tingey	825 W King Rd	Kuna	ID	ADA	83634	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 W 16348 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> Signature:  </td> <td style="width: 40%; padding: 5px;"> Date: <u>2-25-2015</u> </td> </tr> <tr> <td style="padding: 5px;"> Name (type or print): <u>Steve Tingey</u> </td> <td style="padding: 5px;"> Title: <u>manager</u> </td> </tr> </table>			Signature: 	Date: <u>2-25-2015</u>	Name (type or print): <u>Steve Tingey</u>	Title: <u>manager</u>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM