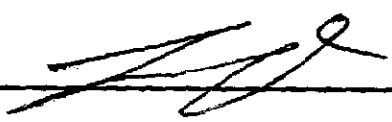


No. W 125004	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) JESSE ORTIZ 900 OCCIDENTAL AVE BURLEY ID 83318 2487 Kimberly Rd. suite H Twin Falls, Id 83301																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TINT SHOP 5 LLC Tint Shop 5 LLC JESSE ORTIZ Jesse Ortiz 2487 KIMBERLY RD TWIN FALLS ID 83301 2487 Kimberly Rd. suite H Twin Falls, Id 83301		3. <u>New</u> Registered Agent Signature. 2487 Kimberly Rd. suite H Twin Falls, ID 83301																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" data-bbox="175 444 1461 767"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jesse Ortiz</td> <td>417 mainstreet S.</td> <td>Kimberly</td> <td>Id</td> <td></td> <td>83304</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"/>	Jesse Ortiz	417 mainstreet S.	Kimberly	Id		83304	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: IDAHO W 125004	6. Signature:  Date: 8-28-14 Name (type or print): Jesse Ortiz Title: _____																																					

Issued 08/26/2014 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM