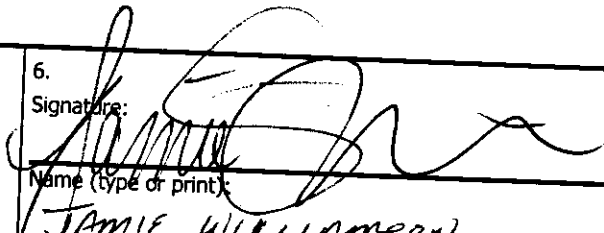


No. W 109116	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013		2. Registered Agent and Office (NOT A P.O. BOX) JAMIE WILLIAMSON 1519 PRINCETON DR TWIN FALLS ID 83301 <u>691 ADDISON AVE.</u> <u>TWIN FALLS ID 83301</u>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PAFS NO MORE, LLC JAMIE WILLIAMSON 1519 PRINCETON DR <u>691 Addison Ave</u> TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JAMIE WILLIAMSON</td> <td>691 ADDISON AVE.</td> <td>TWIN FALLS</td> <td>ID</td> <td>USA</td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DALLAS WILLIAMSON</td> <td>691 ADDISON AVE.</td> <td>TWIN FALLS</td> <td>ID</td> <td>USA</td> <td>83301</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"/>	JAMIE WILLIAMSON	691 ADDISON AVE.	TWIN FALLS	ID	USA	83301	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DALLAS WILLIAMSON	691 ADDISON AVE.	TWIN FALLS	ID	USA	83301	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;"> IDAHO W 109116 </div>		6. Signature:  Name (type or print): <u>JAMIE WILLIAMSON</u> Date: <u>3-26-2013</u> Title: <u>AGENT</u>																																				

Issued 03/22/2013 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM