
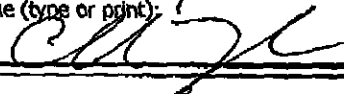


No. <b>W 70777</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/08/2009</b>		2. Registered Agent and Office (NOT A P.O. BOX) <del>DONALD TAYLOR</del> <i>Charles Taylor</i> <del>155 2ND AVE N</del> <i>504 Blue Lakes Blvd.</i> TWIN FALLS ID 83301																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ATFAB, LLC <del>155 2ND AVE N</del> <i>504 Blue Lakes Blvd.</i> TWIN FALLS ID 83301		3. New Registered Agent Signature. 																																			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Charles Taylor</i></td> <td><i>504 Blue Lakes Blvd</i></td> <td><i>Twin Falls</i></td> <td><i>ID</i></td> <td><i></i></td> <td><i>83301</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>Charles Taylor</i>	<i>504 Blue Lakes Blvd</i>	<i>Twin Falls</i>	<i>ID</i>	<i></i>	<i>83301</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"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 70777</b>	6. Signature: <i>Charles Taylor</i> Name (type or print): 		Date: <i>7/29/14</i> Title: <i>Member</i>																																			

Issued 07/29/2014 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**