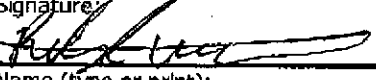
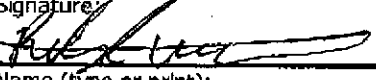
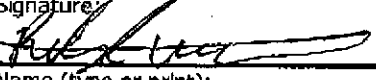


4/13/2015

W 78570

No. <b>W 78570</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ROBERT D WALKER 800 12TH AVE N BUHL ID 83316																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> TWIN FALLS AIR COMPRESSOR LLC 800 12TH AVE N BUHL ID 83316																																					
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Robert Walker</td> <td>800 12th Ave N</td> <td>Buhl</td> <td>ID</td> <td>USA</td> <td>83316</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"/>	Robert Walker	800 12th Ave N	Buhl	ID	USA	83316	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Robert Walker	800 12th Ave N	Buhl	ID	USA	83316																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <b>IDAHO W 78570</b>		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <b>4-14-15</b></td> </tr> <tr> <td>Name (type or print): <b>Robert Davis Walker</b></td> <td>Title: <b>Owner</b></td> </tr> </table>		Signature: 	Date: <b>4-14-15</b>	Name (type or print): <b>Robert Davis Walker</b>	Title: <b>Owner</b>																															
Signature: 	Date: <b>4-14-15</b>																																					
Name (type or print): <b>Robert Davis Walker</b>	Title: <b>Owner</b>																																					

Issued 04/13/2015 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**