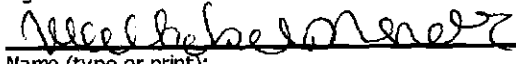
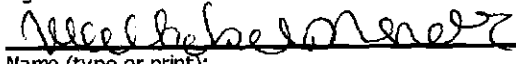
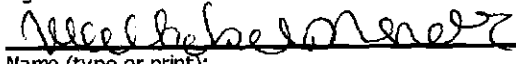


No. W 145237	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX) GLEN OLSEN 839 E WINDING CREEK DR STE 101 EAGLE ID 83616																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ALEX, LLC LUCINDA GABRIEL MENDEZ 2053 NW 9TH PLACE MERIDIAN ID 83646 Alex LLC 21 E. Fairview Ave. Meridian ID 83642		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00	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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Lucinda Gabriel Mendez</td> <td>21 E Fairview Ave.</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83642</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"/>	Lucinda Gabriel Mendez	21 E Fairview Ave.	Meridian	ID	USA	83642	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 145237	6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 03/01/2018</td> </tr> <tr> <td>Name (type or print): Lucinda Gabriel Mendez</td> <td>Title: Manager</td> </tr> </table>			Signature: 	Date: 03/01/2018	Name (type or print): Lucinda Gabriel Mendez	Title: Manager																															
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