No. **W 96791**	**Reinstatement Annual Report Form** **ADMIN DISSOLVED 12/16/2014**	2. Registered Agent and Office **(NOT A P.O. BOX)**
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.** BATTERY UNIVERSE SALES LLC STEVEN BERRY PO BOX 819 NEW MEADOWS ID 83654	STEVEN BERRY 3761 COLUMBINE DR NEW MEADOWS ID 83654
REINSTATEMENT FEE DUE: **$30.00**		3. <u>New</u> Registered Agent Signature.

4.   Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	**Name**	**Street or PO Address**	**City**	**State**	**Country**	**Postal Code**
Manager ☐ Member ☒	Steven Berry	PO Box 819	New Meadows, ID		USA	83654-0819
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of: **IDAHO** **W 96791**	6. Signature: _[signature]_ Name (type or print): Steven Berry	Date: 2-9-15 Title: Member
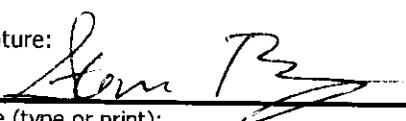
Issued 02/06/2015 by online

INSTRUCTIONS FOR THE ... ANNUAL REPORT FORM