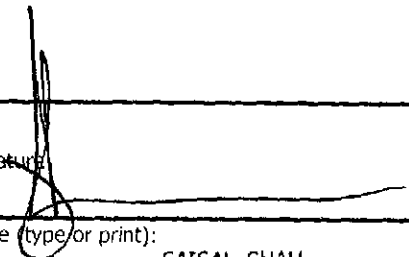


No. <b>W 114972</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 10/04/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> POWERING IDEAS, LLC PO BOX 8625 BOISE ID 83707		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 <input type="checkbox"/> Member <input type="checkbox"/>	<u>Faisal Shah</u>	<u>PO BOX 8625</u>	<u>BOISE</u>	<u>ID</u>	<u>USA</u>	<u>83707</u>
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:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 114972</b> </div>	6. Signature:  <hr/> Name (type/or print): <u>FAISAL SHAH</u> <div style="text-align: right; margin-top: 10px;">           Date: <u>10/10/16</u>            Title: <u>Manager</u> </div>
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Issued 10/08/2016 by online