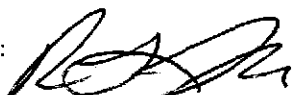
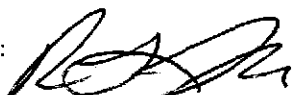
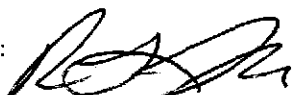


No. W 175169	Due no later than Dec 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) REGINALD LABON 835 9TH AVE POCATELLO ID 83201
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. X CALIBER CUTS & COLOR LLC REGINALD LABON 835 9TH AVE POCATELLO ID 83201		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	REGINALD LABON	835 N 9TH	POCATELLO	ID	USA	83201
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;"> IDAHO W 175169 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>4/4/17</u> </td> </tr> <tr> <td> Name (type or print): <u>Reginald Labon</u> </td> <td> Title: <u>Sole member</u> </td> </tr> </table>	Signature: 	Date: <u>4/4/17</u>	Name (type or print): <u>Reginald Labon</u>	Title: <u>Sole member</u>
Signature: 	Date: <u>4/4/17</u>				
Name (type or print): <u>Reginald Labon</u>	Title: <u>Sole member</u>				

Issued 10/30/2017 by KAH
114364

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.