

No. W 54784	Reinstatement Annual Report Form ADMIN DISSOLVED 12/05/2008		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. FLEXMARK LLC MARK CERCHIONE 10512 TREELINE ST BOISE ID 83704		MARK CERCHIONE 10512 TREELINE ST BOISE ID 83704																																			
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.																																			
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 ☐ Member ☒</td> <td>MARK Cerchione</td> <td>10512 W. TreeLine St</td> <td>Boise, ID</td> <td></td> <td>USA</td> <td>83704</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	MARK Cerchione	10512 W. TreeLine St	Boise, ID		USA	83704	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 54784		6. Signature:  Name (Type or print): Cerchione, MARK Date: 10/30/12 Title: President																																				
Issued 10/29/2012 by KAH																																						