

No. W 76750	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2013		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. EXXONETIX LLC 328 N HWY 75 SHOSHONE ID 83352 <i>1501 11th Ave E.</i> <i>Twin Falls, ID 83301</i>		JEFF CONNELLY 328 N HWY 75 SHOSHONE ID 83352 <i>1501 11th Ave E.</i> <i>Twin Falls ID</i> <i>83301</i> 3. <u>New</u> 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>Jeff Connelly</i></td> <td><i>1501 11th Ave E.</i></td> <td><i>Twin Falls</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83301</i></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"/>	<i>Jeff Connelly</i>	<i>1501 11th Ave E.</i>	<i>Twin Falls</i>	<i>ID</i>	<i>USA</i>	<i>83301</i>	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 76750	6. Signature: <i>Jeff Connelly</i> Date: <i>3/12/2015</i> Name (type or print): <i>Jeff Connelly</i> Title: <i>President</i>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM