


FILED EFFECTIVE

No. <b>W 133268</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address:</b> Correct in this box if needed. TRUE VALUE INVESTMENTS LLC AKSHAY K GUPTA <del>5239 E QUARTERPATH DR</del> <del>BOISE ID 83716</del> <b>2955 N Selkirk Dr.</b> <b>Boise ID 83702</b>		AKSHAY K GUPTA <del>5239 E QUARTERPATH DR</del> <del>BOISE ID 83716</del> <b>2955 N Selkirk Dr.</b> <b>Boise ID 83702</b>																																				
<b>REINSTATEMENT FEE DUE: \$30.00</b>			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>Akshay K Gupta</td> <td>2955 N Selkirk Dr.</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83702</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"/>	Akshay K Gupta	2955 N Selkirk Dr.	Boise	ID	USA	83702	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Akshay K Gupta	2955 N Selkirk Dr.	Boise	ID	USA	83702																																	
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:  <b>IDAHO</b> <b>W 133268</b>		6. Signature:  Date: <b>7/13/15</b> Name (type or print): <b>AKSHAY K GUPTA</b> Title: _____																																					
Issued 07/13/2015 by online																																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM