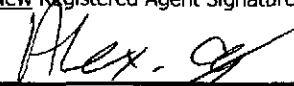
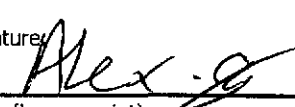


| <b>No. W 168362</b><br><br>Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 09/27/2017</b>                                                                                                                                     | 2. Registered Agent and Office<br>(NOT A P.O. BOX)<br><del>MITCHELL FOSTER</del><br><del>2113 S LEDGESTONE AVE</del><br>Nampa ID 83686<br>Aleksey Gladyshev<br>1228 S Locust St<br>nampa ID 83686<br><br>3. New Registered Agent Signature:<br> |                   |       |                      |             |       |         |             |                                                                                        |                   |                   |       |    |     |       |                                                                                        |                 |                       |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|----------------------|-------------|-------|---------|-------------|----------------------------------------------------------------------------------------|-------------------|-------------------|-------|----|-----|-------|----------------------------------------------------------------------------------------|-----------------|-----------------------|-------|----|-----|-------|------------------------------------------------------------------|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|
| 1. Mailing Address: Correct in this box if needed.<br>A & M FLOOR COVERING LLC<br><del>MITCHELL FOSTER</del><br><del>2113 S LEDGESTONE AVE</del><br>Nampa ID 83686<br>Aleksey Gladyshev<br>1228 S Locust St<br>nampa ID 83686                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                   |       |                      |             |       |         |             |                                                                                        |                   |                   |       |    |     |       |                                                                                        |                 |                       |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 10%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Aleksey Gladyshev</td> <td>1228 S Locust St.</td> <td>Nampa</td> <td>ID</td> <td>usa</td> <td>83686</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MITCHELL FOSTER</td> <td>2113 S LEDGESTONE AVE</td> <td>Nampa</td> <td>ID</td> <td>usa</td> <td>83686</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 checked="" type="checkbox"/> | Aleksey Gladyshev | 1228 S Locust St. | Nampa | ID | usa | 83686 | Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> | MITCHELL FOSTER | 2113 S LEDGESTONE AVE | Nampa | ID | usa | 83686 | 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 checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Aleksey Gladyshev                                                                                                                                                                                          | 1228 S Locust St.                                                                                                                                                                                                                                                                                                                  | Nampa             | ID    | usa                  | 83686       |       |         |             |                                                                                        |                   |                   |       |    |     |       |                                                                                        |                 |                       |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MITCHELL FOSTER                                                                                                                                                                                            | 2113 S LEDGESTONE AVE                                                                                                                                                                                                                                                                                                              | Nampa             | ID    | usa                  | 83686       |       |         |             |                                                                                        |                   |                   |       |    |     |       |                                                                                        |                 |                       |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                   |       |                      |             |       |         |             |                                                                                        |                   |                   |       |    |     |       |                                                                                        |                 |                       |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                   |       |                      |             |       |         |             |                                                                                        |                   |                   |       |    |     |       |                                                                                        |                 |                       |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center;"> <b>IDAHO</b><br/> <b>W 168362</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6.<br>Signature: <br>Name (type or print): <u>Aleksey I Gladyshev</u><br>Date: <u>10-24-2017</u><br>Title: <u>mba/mgr</u> |                                                                                                                                                                                                                                                                                                                                    |                   |       |                      |             |       |         |             |                                                                                        |                   |                   |       |    |     |       |                                                                                        |                 |                       |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |

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