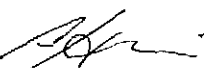


No. W 131859	Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015		2. Registered Agent and Office (NOT A P.O. BOX) LION CREDIT & CAPITAL LLC 1540 17TH ST HEYBURN ID 83336
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. MAXXFUND SOLUTIONS LLC 3154 VERDUGO PL LOS ANGELES CA 90065		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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"/>	CARLOS GARCIA	3154 VERDUGO PL	LA	CA		90065
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ESTELA GARCIA	3154 VERDUGO PL	LA	CA		90065
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; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 131859</div>	6. Signature:  <hr/> Name (type or print): CARLOS GARCIA <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Date: 8-17-15 <hr/> Title: MANAGER <hr/> </div> </div>
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Issued 08/17/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM