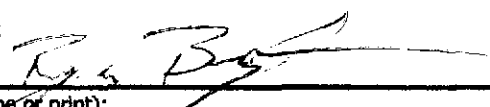
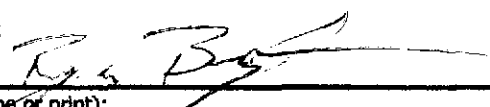
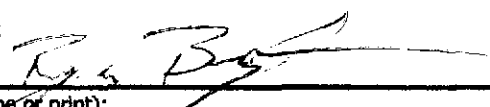


No. W 125971 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017	2. Registered Agent and Office (NOT A P.O. BOX) RYAN BRINGHURST 520 WARREN AVE POCAATELLO ID 83201- <i>5320 Nez Perce Dr. Pocatello, ID 83204</i>																																			
1. Mailing Address: Correct in this box if needed. BLACK MIRROR DETAILING, LLC 520 WARREN AVE POCAATELLO ID 83201 <i>5320 Nez Perce Dr. Pocatello, ID 83204</i>		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">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: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>Ryan Bringhurst</td> <td>5320 Nez Perce Dr</td> <td>ID</td> <td>Bannock</td> <td></td> <td>83204</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 ☐	Ryan Bringhurst	5320 Nez Perce Dr	ID	Bannock		83204	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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