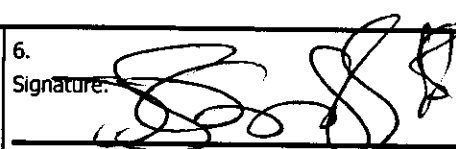


No. W 103719	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) HENRY C MALLORY III 1580 E STATE ST 875 E. PLAZA EAGLE ID 83616 <div style="text-align: right;"><i>Ste. 102</i></div>																																			
Return to: SECRETARY OF STATE 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. MALLORY'S STUDIO L.L.C. HENRY C MALLORY III 1580 E STATE ST 875 E. PLAZA DR. EAGLE ID 83616-6853 USA <i>Ste. 102</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" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Mattalia Antunovich</i></td> <td><i>875 E PLAZA DR</i></td> <td><i>Eagle Id.</i></td> <td><i>Ida</i></td> <td></td> <td><i>83616</i></td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Henry C. Mallory</i></td> <td><i>875 E PLAZA DR</i></td> <td><i>Ste 102</i></td> <td><i>Eagle Id.</i></td> <td><i>Ida</i></td> <td><i>83616</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> </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"/>	<i>Mattalia Antunovich</i>	<i>875 E PLAZA DR</i>	<i>Eagle Id.</i>	<i>Ida</i>		<i>83616</i>	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Henry C. Mallory</i>	<i>875 E PLAZA DR</i>	<i>Ste 102</i>	<i>Eagle Id.</i>	<i>Ida</i>	<i>83616</i>	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: <div style="text-align: center;"> IDAHO W 103719 </div>	6. Signature:  <hr/> Name (type or print): <i>Henry C. Mallory III</i> <div style="text-align: right;"> Date: <i>Aug. 23rd 2012</i> Title: <i>Owner</i> </div>																																					

Issued 08/20/2013 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM