

No. <b>W 28381</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT          FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form          ADMIN DISSOLVED 05/07/2007</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  STRENGTH N MOTION LLC <del>1910 WHISPERING PINED DR          IDAHO FALLS ID 83401</del>  <b>4115 EA 240 N.          Rigby, ID 83442</b>	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> NATHAN W SMITH <del>249 MAURINE DRIVE          IDAHO FALLS ID 83401</del> <b>4115 EA 240 N.          Rigby, ID 83442</b>  <b>3. New Registered Agent Signature:</b> <div style="text-align: right;">             08 JAN -4 AM 5:25              SECRETARY OF STATE OF IDAHO              MAIL ROOM           </div>																					
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b> <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>County</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>NATHAN SMITH</td> <td>4115 E 240 N.</td> <td>Rigby</td> <td>ID</td> <td></td> <td>83442</td> </tr> <tr> <td>OWNER</td> <td>Kimberly SMITH</td> <td>SAME 4115 E. 240 N.</td> <td>SAME</td> <td>SAME</td> <td></td> <td>SAME Rigby ID 83442</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	County	Postal Code	OWNER	NATHAN SMITH	4115 E 240 N.	Rigby	ID		83442	OWNER	Kimberly SMITH	SAME 4115 E. 240 N.	SAME	SAME		SAME Rigby ID 83442
Office Held	Name	Street or PO Address	City	State	County	Postal Code																	
OWNER	NATHAN SMITH	4115 E 240 N.	Rigby	ID		83442																	
OWNER	Kimberly SMITH	SAME 4115 E. 240 N.	SAME	SAME		SAME Rigby ID 83442																	
<b>5. Organized Under the Laws of:</b>  IDAHO W 28381	<b>6.</b> Signature: <u>Nathan W. Smith</u> Date: <u>1-1-08</u> Name (type or print): <u>Nathan W. Smith</u> Title: <u>1-1-8</u>																						

MAIL ROOM EFFECTIVE

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.