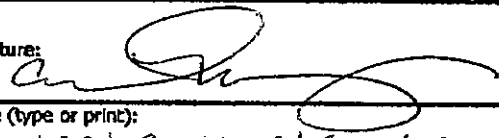


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11/27/2012 2:43:02 PM PAGE 2/004 Fax Server

No. W 41849	Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	ADMIN DISSOLVED 11/14/2012																																					
	1. Mailing Address: Correct in this box if needed. E.A.M. LLC 6403 ARLINGTON DR BOISE ID 83709 7400 W State St Boise ID 83714		CELESTE MELENDEZ 6403 ARLINGTON DR BOISE ID 83709 7242 N Gary Ln Boise, ID 83714 3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>Erick Melendez</td> <td>7242 N Gary Ln</td> <td>Boise</td> <td>ID</td> <td></td> <td>83714</td> </tr> <tr> <td>Manager ☒ Member ☐</td> <td>Celeste Melendez</td> <td>7242 N Gary Ln</td> <td>Boise</td> <td>ID</td> <td></td> <td>83714</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 ☐	Erick Melendez	7242 N Gary Ln	Boise	ID		83714	Manager ☒ Member ☐	Celeste Melendez	7242 N Gary Ln	Boise	ID		83714	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 41849		6. Signature:  Date: 11/27/12 Name (type or print): Celeste Melendez Title: mgr																																				

Issued 11/27/2012 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM