

No. W 81067	Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) KATHLEEN GESSLER 317 W 6TH ST 5491 Lewville Rd. MOSCOW ID 83843															
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. SWEET PEA'S & SAGE LLC 317 W 6TH ST 5491 Lewville Rd MOSCOW ID 83843		3. <u>New</u> Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <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>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>member</td> <td>Kathleen Gessler</td> <td>5491 Lewville Rd</td> <td>Moscow</td> <td>ID</td> <td>Latel 83843</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code		member	Kathleen Gessler	5491 Lewville Rd	Moscow	ID	Latel 83843
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5. Organized Under the Laws of: IDAHO W 81067		6. <table border="1"> <tr> <td>Signature: <u>Kathleen Gessler</u></td> <td>Date: <u>6/7/10</u></td> </tr> <tr> <td>Name (type or print): <u>Kathleen Gessler</u></td> <td>Title: <u>6/7/10</u> <u>Member</u></td> </tr> </table>			Signature: <u>Kathleen Gessler</u>	Date: <u>6/7/10</u>	Name (type or print): <u>Kathleen Gessler</u>	Title: <u>6/7/10</u> <u>Member</u>										
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Issued 05/14/2010 by SL1																		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM