

No. W 89733	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012		2. Registered Agent and Office (NOT A P.O. BOX) JANENE TAYLOR 10421 GLEN ELLYN CT BOISE ID 83704-5441 <i>Benjamin Hatfield</i> 2228 E Roanoke Dr Boise ID 83714							
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. PERFECT MEMORIES LLC BENJAMIN G HADFIELD 10421 GLENN ELLYN BOISE ID 83704-5441 1905 E Boise Ave Boise ID 83709		3. <u>New</u> Registered Agent Signature. <i>Benjamin Hatfield</i>							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 35%;">Name</th> <th style="width: 35%;">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: 15%;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Benjamin Hatfield	2228 E Roanoke Dr	Boise	ID		83712				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Chris Jackman	"	"	"	"	"				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Heather Harrington	1905 E Boise Ave	Boise	ID		83709				
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 89733 </div>		6. Signature: <div style="text-align: center;"> <hr/> Name (type or print): Benjamin Hatfield </div>								
		Date: <div style="text-align: center;"> 10-30-2012 <hr/> Title: member </div>								
Issued 10/30/2012 by DK1										