FILED EFFECTIVE

| No. W 62795 | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 08/06/2009 | 2. Registered Agent and Office (NOT A P.O. Box)<br>CYNTHIA NISHITANI MOSELEY<br>11247 W BLUEBERRY CT<br>BOISE ID 83709 |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed.<br>NISHITANI FAMILY ENTERPRISES, LLC<br>11247 W BLUEBERRY CT<br>BOISE ID 83709 | 3. New Registered Agent Signature. |
| REINSTATEMENT<br>FEE DUE: $30.00 | | |

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| Manager | Cynthia Nishitani Moseley | 11247 W. Blueberry Ct. | Boise, | ID | | 83709 |

| 5. Organized Under the Laws of: | 6. |
|---|---|
| IDAHO<br>W 62795 | Signature: Cynthia N Moseley Date: 12/29/09<br>Name (type or print): Cynthia N. Moseley Title: Mgr. |

Issued 12/28/2009 by IDAH