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Manager Member Solution Manager Member 6. Signature: Date:			
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0060 F.E.M. DISTRIBUTION LLC MARK CICCARELLO S301 W EMERALD ST-STE A BOISE ID 83705 SIIB N SAWYER BUE BUE: \$30.00 REINSTATEMENT FEE DUE: \$30.00 BOISE TO 83714 Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager of Member Name Street or PO Address Manager Member MARK CICLARGUS SIIB N BOISE TO 83714 Manager Member MARK CICLARGUS SIIB N BOISE TO STREET BOISE TO 83714 Street or PO Address City State Country Postal Code Manager Member MARK CICLARGUS SIIB N BOISE TO 83714 SAWYER RUE Manager Member Member Mark CICLARGUS SIIB N BOISE TO STREET SOIS TO 83714 SAWYER RUE Date: LIDAHO MARK DOODS Date: W. 18000000 Date: W. 18000000000000000000000000000000000000		Reinstatement Annual Report Form	(NOT A P.O. BOX) MARK CICCARELLO 5301 W EMERALD ST STE A BOISE ID 83705 5118 N Sawyer Bre
Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager or Member Name Street or PO Address City State Country Postal Code Manager Member MARK CICLARGUO SIIS N BOISE ID USA 83714 Manager Member Manager Member Manager Member So Organized Under the Laws of: Signature: Mall Country Date:	SECRETARY OF STATE 450 N 4th STREET PO BOX 83720	1. Mailing Address: Correct in this box if needed. F.E.M. DISTRIBUTION LLC MARK CICCARELLO 5301 W EMERALD ST STE A BOIGE ID 83705	
Manager or Member Name Street or PO Address OR Members. See Instructions. Manager or Member Name Street or PO Address City State Country Postal Code Manager Member MARK CICLARELLO SIIS N BOISE ID USA 83714 Manager Member Me		Boise ID 83714	3. <u>New Registered Agent Signature.</u>
IDAHO Signature: Mall Comments Val 100020	Manager or Member Manager Member Manager Member Manager Member Member Manager Member Member	ARKCICLARGUO SIIS N BO SAWYER AUE	State Country Postal Code
MARK CICAPELLO OWNER	IDAHO W 109928	Signature: Name (type or print):	4-18-13 Title:

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM