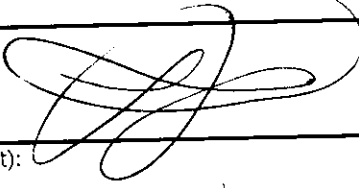


No. <b>W 96822</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> LAUNIE.COM, LLC LAUNIE SHELMAN <del>3570 CHARLSTON CIR</del> <i>467 CONSTITUTION WAY</i> IDAHO FALLS ID <del>83404</del> <i>83202</i>		LAUNIE SHELMAN <del>3570 CHARLSTON CIR</del> <del>IDAHO FALLS ID 83404</del> <i>467 CONSTITUTION WAY</i> <i>IDAHO FALLS, ID 83202</i>																																			
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LAUNIE SHELMAN</td> <td>467 CONSTITUTION WAY</td> <td>IDAHO FALLS</td> <td>IDAHO</td> <td>U.S.</td> <td>83402</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LAUNIE SHELMAN	467 CONSTITUTION WAY	IDAHO FALLS	IDAHO	U.S.	83402	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <b>New Registered Agent Signature.</b>	
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
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5. Organized Under the Laws of:  <b>IDAHO W 96822</b>		6. Signature:  Date: <i>1/26/15</i> Name (type or print): <u>LAUNIE SHELMAN</u> Title: _____																																				

Issued 01/26/2015 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

1. The following instructions may not be altered through the use of this form. Pay special attention to the mailing address. If the