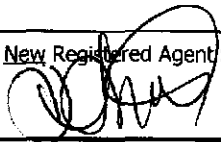
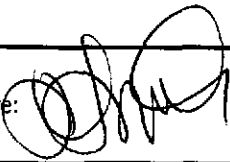


No. W 112457	Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014		2. Registered Agent and Office (NOT A P.O. BOX) LIYAH BABAYAN 132 MAIN AVE S TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. OOH LA LA! LLC LIYAH BABAYAN PO BOX 5762 TWIN FALLS ID 83303		3. New Registered Agent Signature. 
4. 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 <input type="checkbox"/> Member <input checked="" type="checkbox"/> Liyah Babayan P.O. Box 5762 TF 83303			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 112457 </div>		6. Signature:  Name (type or print): <u>LIYAH BABAYAN</u> Date: <u>7/11/14</u> Title: <u>member</u>	
Issued 07/07/2014 by CLH			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM