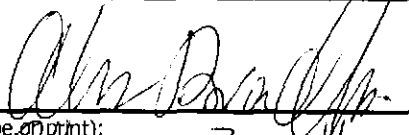


No. <b>W 111499</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ALBERT BRADLEY 3355 N FIVE MILE RD #314 BOISE ID 83713																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> CARPE DIEM INTERNATIONAL LLC ALBERT BRADLEY 3355 N FIVE MILE RD #314 BOISE ID 83713		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">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: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Albert Bradley</td> <td>3355 N. Five Mile Rd #314</td> <td>Boise</td> <td>ID</td> <td></td> <td>83713</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Albert Bradley	3355 N. Five Mile Rd #314	Boise	ID		83713	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Albert Bradley	3355 N. Five Mile Rd #314	Boise	ID		83713																																
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;"><b>IDAHO W 111499</b></div>	6. Signature:  <hr/> Name (type or print): <u>Albert Bradley</u>		Date: <u>6-9-15</u> <hr/> Title: <u>Member</u>																																			
Issued 06/09/2015 by DK1																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**