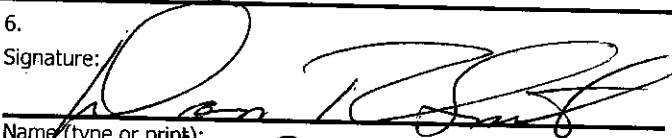


No. W 19401	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) DON SMITH 4634 W HATCHERY RD EAGLE ID 83616
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ART WORKS LLC DON SMITH 2308 N 29TH BOISE ID 83703		3. <u>New</u> 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 checked="" type="checkbox"/> Member <input type="checkbox"/> Don R Smith 2308 N 29th St. Boise Id Ada 83703			
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; font-size: large;"> IDAHO W 19401 </div>		6. Signature:  Date: <u>1/18/13</u> Name (type or print): <u>Don R Smith</u> Title: <u>Manager</u>	
Issued 01/14/2013 by SLD			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM