

No. W 58729	Reinstatement Annual Report Form ADMIN DISSOLVED 04/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) TIMOTHY M MCLANAHAN 140 FAIRWAY DR POCATELLO ID 83201
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. FUZE CORE LLC 140 FAIRWAY DR POCATELLO ID 83201		3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Address City State Country Postal Code Owner Timothy 156 N. Main St. Pocatello ID USA 83201 McClanahan			
5. Organized Under the Laws of: IDAHO W 58729		6. Signature: <u>Timothy M. McClanahan</u> Date: <u>8/20/09</u> Name (type or print): <u>Timothy M. McClanahan</u> Title: <u>Owner</u>	
Issued 08/20/2009 by KAH			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.