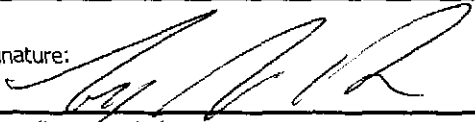


No. <b>W 88831</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/21/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  TROY ST PIERRE 3527 S FEDERAL WAY STE 103-301 BOISE ID 83705
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b>  VOOLUU.COM LLC TROY ST. PIERRE 3527 S FEDERAL WAY STE 103 - 301 BOISE ID 83705		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"/>	TROY ST PIERRE	5174 esowmill way	Boise	ID	US	83716
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jennifer St. Pierre	"	"	"	"	"
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-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 88831</div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature:   <hr/>           Name (type or print): <u>TROY ST PIERRE</u> </div> <div style="width: 35%;">           Date: <u>11/2/2017</u>  <hr/>           Title: <u>Partner</u> </div> </div>
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Issued 11/02/2017 by TLB

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing 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:** Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT** put "same as last year" or "same as above". **These will not be accepted. Changes here will not**