

No. W 89547	Reinstatement Annual Report Form ADMIN DISSOLVED 04/11/2011		2. Registered Agent and Office (NOT A P.O. BOX) NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706	
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. CARI CAMPBELL DESIGN LLC CARI CAMPBELL 2319 E POWDER RIVER ST MERIDIAN ID 83642		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 Member (circle one)						
	<i>Cari Campbell</i>	<i>2319 E Powder River St</i>	<i>Meridian</i>	<i>ID</i>	<i>Ada</i> <i>USA</i>	<i>83642</i>

5. Organized Under the Laws of: IDAHO W 89547	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <u><i>Cari Campbell</i></u> </td> <td style="width: 30%;"> Date: <u><i>5/4/11</i></u> </td> </tr> <tr> <td> Name (type or print): <u><i>CARI CAMPBELL</i></u> </td> <td> Title: <u><i>Mgr</i></u> </td> </tr> </table>	Signature: <u><i>Cari Campbell</i></u>	Date: <u><i>5/4/11</i></u>	Name (type or print): <u><i>CARI CAMPBELL</i></u>	Title: <u><i>Mgr</i></u>
Signature: <u><i>Cari Campbell</i></u>	Date: <u><i>5/4/11</i></u>				
Name (type or print): <u><i>CARI CAMPBELL</i></u>	Title: <u><i>Mgr</i></u>				

Issued 05/04/2011 by LJM

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM