

No. W 78957		Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) KACEY JENSEN 3051 TEAL BLUE DR IDAHO FALLS ID 83401															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PREMIUM SOUNDS LLC KACEY JENSEN 3051 TEAL BLUE DR IDAHO FALLS ID 83401		3. <u>New</u> Registered Agent Signature.															
REINSTATEMENT FEE DUE: \$30.00																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.																			
<table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td></td><td><i>Kacey Jensen</i></td><td><i>3051 Teal Blue Dr</i></td><td><i>Idaho Falls</i></td><td><i>ID</i></td><td></td><td><i>83401</i></td></tr></tbody></table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code		<i>Kacey Jensen</i>	<i>3051 Teal Blue Dr</i>	<i>Idaho Falls</i>	<i>ID</i>		<i>83401</i>
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code													
	<i>Kacey Jensen</i>	<i>3051 Teal Blue Dr</i>	<i>Idaho Falls</i>	<i>ID</i>		<i>83401</i>													
5. Organized Under the Laws of: IDAHO W 78957		6. <table border="1"><tr><td>Signature: <i>Kacey Jensen</i></td><td>Date: <i>2/16/2011</i></td></tr><tr><td>Name (type or print): <i>Kacey Jensen</i></td><td>Title: <i>Manager</i></td></tr></table>				Signature: <i>Kacey Jensen</i>	Date: <i>2/16/2011</i>	Name (type or print): <i>Kacey Jensen</i>	Title: <i>Manager</i>										
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Issued 02/16/2011 by LJC																			