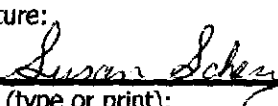


<b>No. W 142804</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 01/24/2017</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> JACK H ROBISON 203 S GARFIELD POCATELLO ID 83204
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> EVERYTHING ESSENTIAL, LLC MICHAEL SCHERZ 1110 YELLOWSTONE AVE #115 POCATELLO ID 83201-4312		<b>3. <u>New</u> Registered Agent Signature.</b>

**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"/>	Susan Scherz,	1110 Yellowstone, #115,	Pocatello,	ID	USA	83201
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Michael Scherz,	1110 Yellowstone, #115,	Pocatello,	ID	USA	83201
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 142804</b> </div>	<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signature:</b>    <hr/> <b>Name (type or print):</b>            Susan Scherz         </div> <div style="width: 35%;"> <b>Date:</b>            November 7, 2017  <hr/> <b>Title:</b>            Manager         </div> </div>
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