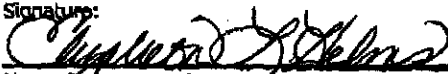


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|--|--|--|--|---|--|
| No. W 108897 | | Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015 | | 2. Registered Agent and Office (NOT A P.O. BOX) ELIZABETH L HELMS 3115 N 12TH ST COEUR D ALENE ID 83815 | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. LIZZIE LOU'S, LLC 6112 N GOVERNMENT WAY DALTON GARDENS ID 83815 | | | |
| REINSTATEMENT FEE DUE: \$30.00 | | | | 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"/> | | Elizabeth L Helms | | 3115 N. 12th Coeur d'Alene ID USA 83815 | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | |
| 5. Organized Under the Laws of: IDAHO W 108897 | | 6. Signature:  Name (type or print): Elizabeth L Helms Date: 5/1/15 Title: Sole Owner | | | |
| Issued 05/05/2015 by online | | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM