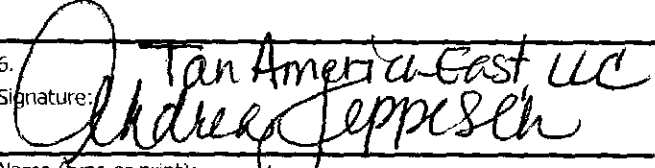


No. W 146431	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) TAN AMERICA EAST LLC 1536 E 17TH ST IDAHO FALLS ID 83404																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SHAR'N SUNSHINE LLC 1536 E 17TH ST IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions. <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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Andrea Jeppesen</td> <td>1536 E. 17th St</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83404</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Rebecca Lanier</td> <td>1536 E 17th St</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83404</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Andrea Jeppesen	1536 E. 17th St	Idaho Falls	ID	USA	83404	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Rebecca Lanier	1536 E 17th St	Idaho Falls	ID	USA	83404	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 146431		6. Signature:  Name (type or print): <u>Andrea Jeppesen</u> Date: <u>5/3/16</u> Title: <u>owner</u>																																				

Issued 05/03/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM