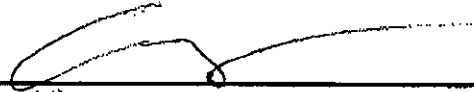


No. W 76371		Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		ADMIN DISSOLVED 10/04/2012		MARY NEMKEREKYAN 93 E BRIDGE ST BLACKFOOT ID 83221																																				
REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. FLOWER SHOPPE ETC LLC (THE) MARY NEMKEREKYAN 93 E BRIDGE ST BLACKFOOT ID 83221		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 ☐ Member ☒</td><td>Mary Nemkerekyan</td><td>93 E Bridge St</td><td>Blackfoot</td><td>ID</td><td></td><td>83221</td></tr><tr><td>Manager ☐ Member ☐</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager ☐ Member ☐</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager ☐ Member ☐</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 ☐ Member ☒	Mary Nemkerekyan	93 E Bridge St	Blackfoot	ID		83221	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 76371		6.																																						
		Signature: 		Date: 11-30-12																																				
		Name (type or print): MARY NEMKEREKYAN		Title: Member																																				
Issued 11/27/2012 by LIC																																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**Block 1: Entity**