

No. W 93846	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2011		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. I'M THE SOLUTION LLC 4298 W RIVERBEND AVE 2100 Northwest Blvd. POST FALLS ID 83854 Ste 110 COEUR D'ALENE, ID 83814		LEE ARNOLD Jaclyn Arnold 4298 W RIVERBEND AVE 2100 Northwest Blvd POST FALLS ID 83854 Ste 110 COEUR D'ALENE, ID 83814 3. New 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></table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code					
<table border="1"><tbody><tr><td>Manager Member (circle one)</td><td>Jaclyn Arnold</td><td>2100 Northwest Blvd Ste 110</td><td>COEUR D'ALENE, ID</td><td>USA</td><td>83814</td><td></td></tr></tbody></table>				Manager Member (circle one)	Jaclyn Arnold	2100 Northwest Blvd Ste 110	COEUR D'ALENE, ID	USA	83814		
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5. Organized Under the Laws of: IDAHO W 93846		6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>9/20/11</td></tr><tr><td>Name (type or print):</td><td>Jaclyn Arnold</td><td>Title:</td><td>Member</td></tr></table>		Signature:		Date:	9/20/11	Name (type or print):	Jaclyn Arnold	Title:	Member
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Issued 09/21/2011 by KAH											