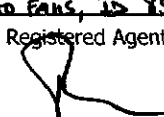



No. <b>W 85181</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 10/05/2011</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> <del>CHAD A CAMPOS</del> <del>591 PARK AVE STE 303</del> <del>IDAHO FALLS ID 83401</del> <b>Tom Allen</b> <b>210 Pevero Dr.</b> <b>IDAHO FALLS, ID 83401</b>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> TL ALLEN INVESTMENTS LLC <del>CHAD A CAMPOS</del> <del>591 PARK AVE STE 303</del> <del>IDAHO FALLS ID 83401</del> <b>Tom Allen</b> <b>210 Pevero Dr.</b> <b>IDAHO FALLS, ID 83401</b>		3. <u>New</u> Registered Agent Signature. 

4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Tom Allen	210 Pevero Dr.	Idaho Falls	ID	USA	83401
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	LISA ALLEN	210 Pevero Dr.	Idaho Falls	ID	USA	83401
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 85181</b> </div>	6. Signature:  <hr/> Name (type or print): <b>Tom Allen</b> <hr/> <div style="float: right; text-align: right;">         Date: <b>7-31-12</b>  <hr/>         Title: <b>Manager</b>  <hr/> </div>
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Issued 06/05/2012 by SLD