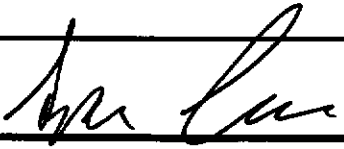
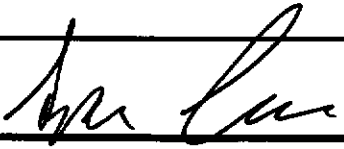
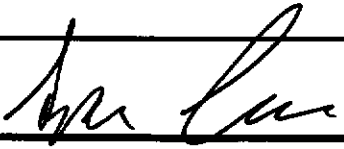


No. <b>W 49232</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/08/2010</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> SPENCER ANDREWS 71 REVEILLE LN SANDPOINT ID 83864														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  DUMMY BOY RECORDS, LLC SPENCER ANDREWS 322 N PROMENADE LP B201 POST FALLS ID 83854		<b>3. New Registered Agent Signature.</b>														
	<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b> <table border="1"><thead><tr><th>Office Held</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</td><td>Spencer Andrews</td><td>302 W 4TH AVE #16</td><td>Post Falls,</td><td>ID</td><td></td><td>83854</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Manager	Spencer Andrews	302 W 4TH AVE #16	Post Falls,	ID	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
Manager	Spencer Andrews	302 W 4TH AVE #16	Post Falls,	ID		83854											
<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 49232</b>	<b>6.</b> <table border="1"><tr><td>Signature: </td><td>Date: 07/20/10</td></tr><tr><td>Name (type or print): Spencer Andrews</td><td>Title: Manager</td></tr></table>				Signature: 	Date: 07/20/10	Name (type or print): Spencer Andrews	Title: Manager									
Signature: 	Date: 07/20/10																
Name (type or print): Spencer Andrews	Title: Manager																
Issued 07/14/2010 by LJM																	